

PERMISSION STATEMENT

I give permission for

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.....

to attend the SibSupportN.Z. programme and take part in all activities.

Signed:

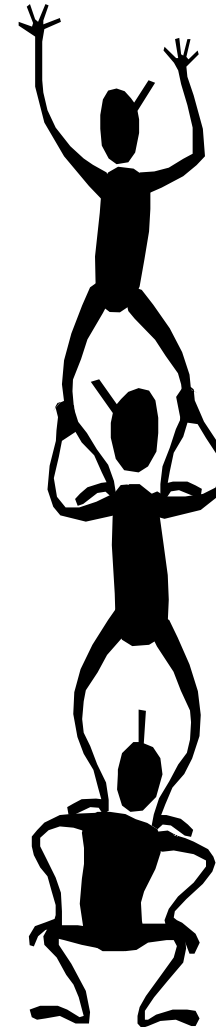
Date:
.....



Parent to Parent New Zealand Inc
PO Box 234
Waikato Mail Centre 3240

Phone: 0508 236 236
Fax: 07 853 8491
sibsupport@parent2parent.org.nz
www.parent2parent.org.nz

SibSupportN.Z.®



Parent to Parent New Zealand's

Sibling Programme

Auckland

5 - 7 April 2013

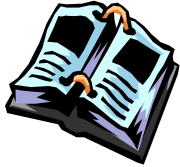
A weekend for children and young adults who have, or have had, brothers or sisters with disabilities.

The aim of the weekend is to provide siblings with an experience that will assist them to cope with the challenges of living with a brother or sister who has a disability or special needs.

- ☺ A weekend where siblings are the focus.
- ☺ A time for fun, relaxation and a break from home.
- ☺ Workshop sessions and other opportunities to share feelings and issues.
- ☺ A chance to make friends with others who understand.
- ☺ A wide range of fun activities are included: drama games and kayaking - just to name a few!

SibSupportN.Z. is offered at no charge to participants and assistance with travel costs is available.

Parent to Parent New Zealand is contracted by the Ministry of Health to provide these programmes.

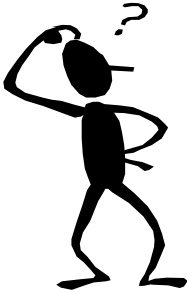


WHEN:
7pm Friday 5 April
To
3pm Sunday 7 April

WHERE:

YMCA Camp Adair

2487 Hunua Road
RD 3
Papakura



WHO:
This programme is for Siblings aged from 8 years to 18 years, **who do not** have a disability or health impairment themselves.

Please complete the attached Expression of Interest by 28 February 2013 and send to:

SibSupportN.Z.
Parent to Parent New Zealand Inc
PO Box 234
Waikato Mail Centre 3240



SibSupportN.Z.

Auckland

EXPRESSION OF INTEREST

Please return by 28/2/2013

DETAILS CHILD/REN WISHING TO ATTEND

Name: _____

Date of Birth: _____ AGE: _____

Name: _____

Date of Birth: _____ AGE: _____

Name: _____

Date of Birth: _____ AGE: _____

PARENT/CAREGIVER CONTACT DETAILS:

Name: _____

Address: _____

_____ Postcode _____

Phone (daytime): _____

Phone (evening): _____