

PERMISSION STATEMENT

I give permission for

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

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

SibSupportN.Z.®



**Parent to Parent
New Zealand's**

**Sibling
Programme**

**Northland
SIBSHOP DAY**

Sunday 14th June 2009

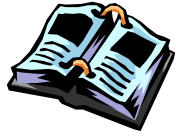
A day for children and young adults who have, or have had, brothers or sisters with disabilities.

The aim of the day 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 day where siblings are the focus.
- A time for fun 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.

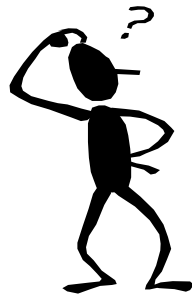
SibSupportN.Z. is offered at no charge to participants.

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



WHEN:
10am till 3pm Sunday
14th June 2009

WHERE:
To be Advised



WHO:
This programme is for Siblings aged from 8 years to 18 years, who do not have special needs or health conditions themselves.

Please complete the attached Expression of Interest by 29/5/09 and send to:

Parent to Parent National Office
P O Box 234
Waikato Mail Centre



SibSupportN.Z.

Northland
SibShop DAY
EXPRESSION OF INTEREST

Please return by 29th May 09

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): _____

Phone (mobile): _____