



**RECONNECT CONFIDENTIAL MEDICAL REPORT**  
**(Please complete and email to [hello@reconnectoutdoors.com](mailto:hello@reconnectoutdoors.com))**

This report is intended to assist the Reconnect Outdoors in case of any medical emergency with your child. All information is held in confidence.

Child's Name: .....

Date of Birth: ..... School Year: .....

Parent's / Guardian's Full Name and address:.....

..... Post Code: .....

Emergency Telephone: Business Hours: .....

After Hours: .....

Name and Address of Family Doctor: .....

Phone No.: ..... Medicare No: .....

Medical / Hospital Insurance Fund: ..... Contribution No.: .....

**Please tick if your child suffers any of the following:**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Bed wetting  | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Sleepwalking     | <input type="checkbox"/> Asthma          |
| <input type="checkbox"/> Blackouts    | <input type="checkbox"/> Migraine         | <input type="checkbox"/> Travel sickness |
| <input type="checkbox"/> Other: ..... |   |  |

**Allergies to:**

- |                                     |                                      |                                    |  |
|-------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Other drugs | <input type="checkbox"/> Any foods | <input type="checkbox"/> Other allergies |
|-------------------------------------|--------------------------------------|------------------------------------|--|

**What special care is recommended?** .....

**Tetanus Immunisation: YES / NO (Please circle)**

Last tetanus immunisation was .....

**Tablets and Medicines:**

- Is your child presently taking tablets and / or medicine? **Yes / No**  
If yes please state name of medication, dosage etc.  
.....
- All medicines must be handed to the Reconnect Outdoors Leader in charge prior to leaving with the exception of asthma medication which must be carried by the student at all times, with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first aid centre and distributed as required). Please do not allow children to be in possession of any medicine while on the camp or excursion – with the exception of asthma medication which must be carried by the student.

**Previous Experience:**

Is this the first time your child has been away from home? **Yes / No**

**Consent to Medical Attention:**

I authorise the Reconnect Outdoors Leader in charge of the excursion / tour to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: .....

Date: .....

Reconnect Outdoors requires this consent to be signed for all children attending school camps or excursions.