



# The Launceston Preparatory School

**CONFIDENTIAL**

Truth and Happiness

## HEALTH FORM 2021

**NAME OF CHILD:** ..... **DATE OF BIRTH:** .....

**PARENTS'/GUARDIANS' CONTACT NUMBERS:**

**1. Name:** ..... **Relationship to Student:** .....

(Home) ..... (Work) ..... (Mobile) .....

**2. Name:** ..... **Relationship to Student:** .....

(Home) ..... (Work) ..... (Mobile) .....

**3. Name:** ..... **Relationship to Student:** .....

(Home) ..... (Work) ..... (Mobile) .....

**4. Name:** ..... **Relationship to Student:** .....

(Home) ..... (Work) ..... (Mobile) .....

**PLEASE CONFIRM YOUR POSTAL ADDRESS AND EMAIL ADDRESS:**

**Postal address:** .....

.....

**Email:** .....

**ALLERGIES AND CAUSES:**

.....

.....

.....

**Specific instructions for first-aid administered at school for the treatment of allergies:**

.....

.....

.....continued page 2

If your child is on continuous treatment; please specify:

Name of Drug: ..... Dosage: .....

By whom the drug is to be administered: .....

.....

Please detail any other relevant information, including medical conditions, previous injuries or illnesses:

.....

.....

.....

Blood Group: .....  
(if known)

Name of Doctor: ..... Contact Number: .....

Do you give permission for your child: (please tick applicable box)

- |                                                                                                                                  | YES                      | NO                       |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. To use sunscreen (Hamilton's brand) provided at school?                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To be administered paracetamol for minor pain?                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To be taken to the Launceston General Hospital for emergency treatment in the event we are unable to contact you immediately? | <input type="checkbox"/> | <input type="checkbox"/> |

*Please Note: The school does NOT store any anti-histamine etc. If your child requires any drug beyond paracetamol please send to school (with clear dosage instructions) to be kept on file or write "phone parent so medication i.e. .... can be supplied".*

**BOTH parents are required to sign this Health Form:**

**Signed:** .....  
**(Parent)**

**Date:** .....

**Signed:** .....  
**(Parent)**

**Date:** .....

The Launceston Preparatory School respects your privacy. We will endeavour to use the information you provide to us only for assessment and reporting purposes as required by State and Australian Government legislation. Your personal information will be kept securely and confidentially. For more information on the school's privacy policy, please consult the website at [www.lps.tas.edu.au](http://www.lps.tas.edu.au) or contact the school directly.