



100 Old North Branch Road, Antrim, NH 03440 Phone: 603-588-0400 Fax: 603-588-4249
Email: info@MaharishiAcademy.net www.MaharishiAcademy.net

Medical Emergency Information

School Year _____ Grade _____ Teacher/Resident Advisor _____

Please type or print clearly.

Student's Full Legal Name _____
Last First Middle

Permanent Mailing Address _____ Phone _____
Street City State Zip

Birth date _____ Birthplace _____
Month Day Year City State/Country

Student's Social Security number: _____ - _____ - _____ Age _____

Parent Information

Is the applicant/student living with his parent or legal guardian? Yes No

If not, state the relationship: _____

Father's name _____ Home phone _____

Father's home address _____
Street City State Zip

Father's occupation _____ Work phone _____ Cell Phone _____

Father's work address _____
Street City State Zip

Mother's name _____ Home phone _____

Mother's home address _____
Street City State Zip

Mother's occupation _____ Work phone _____ Cell Phone _____

Mother's work address _____
Street City State Zip

Physician to be called in Emergency: _____ Phone: _____

Dentist to be called in Emergency: _____ Phone: _____