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HEALTH INFORMATION

STUDENT'S NAME _____

I give permission for my child to receive acetaminophen for headache or other minor discomfort:
_____ Yes _____ No

Allergies _____

Long-term medication being taken: _____

Significant health history (diabetes, seizures, other): _____

Glasses: _____

Contact lenses: _____

Hearing problems: _____

Other: _____

Please inform us of any changes related to the above, during the year.

Permission to Take Student to Doctor

I authorize Maharishi Academy to arrange transportation and medical care for my child in case of emergency.

Please note: Maharishi Academy has a limited accident insurance policy to cover all students, and this is not an insurance policy that covers sickness. It is therefore a requirement that parents provide a health insurance policy for their child.

I agree that all medical expenses incurred by my child, not covered by the Academy insurance policy, will be paid by me.

Agreed by (Parent) _____
(Name - printed) (Name - signed) (Date)