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HEALTH INFORMATION

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

2. Allergies _____

3. Long Term Medication being taken: _____

4. Significant Health History: (Diabetes, Seizures, Other): _____

5. Glasses: _____

6. Contact Lenses: _____

7. Hearing Problems: _____

8. Contact Lenses: _____

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)