



Year
Teacher
Grade

MAHARISHI SCHOOL OF THE AGE OF ENLIGHTENMENT
ADMISSIONS OFFICE, 804 DR. ROBERT KEITH WALLACE DRIVE, FAIRFIELD, IOWA 52556
TEL: (641) 472-9400 FAX: (641) 472-1211

HEALTH/EMERGENCY INFORMATION FORM

Please fill out completely and notify the Principal's Office of any changes during the year.

Student's Name _____ Birth date _____

Fairfield Address _____ Fairfield Phone _____

Mother's Name _____ Father's Name _____

Mother's Address _____ Father's Address _____

Mother's Phone (H) _____ (W) _____ Father's Phone (H) _____ (W) _____

Mother's Cellular/car phone _____ Father's Cellular/car phone _____

Adults to call in emergency if parents not available:

Name _____ Relationship _____ Phone(H) _____ (W) _____

Name _____ Relationship _____ Phone(H) _____ (W) _____

Physician to be called in emergency _____ Phone _____

Dentist to be called in emergency _____ Phone _____

Please fill out completely and notify the Principal's Office of any changes during the year.

I give permission for my child to receive acetaminophen for headache or other minor discomfort.

(Please circle) Yes No

Allergies: _____ Long-term medications being taken _____

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

Glasses _____ Contact Lenses _____ Hearing Problem _____

PERMISSION TO TAKE STUDENT TO DOCTOR

I authorize Maharishi School of the Age of Enlightenment to arrange transportation and medical care for my child in case of emergency.

Please note: Maharishi School of the Age of Enlightenment has a limited accident insurance policy to cover all students, but this is not an insurance policy that covers sickness. It is therefore recommended that parents are certain their family health insurance policy covers their child. I agree that all medical expenses incurred by my child not covered by the school insurance policy will be paid by me.

Signature of parent or legal guardian _____ **Date** _____