



The Leadership School at **Kieve**

Kieve-Wavus Education, Inc
PO Box 169
Nobleboro, Maine 04555
Tel. (207) 563-6212 Fax (207) 563-5833

Medication Distribution Form

School _____
Dates attending _____

Student Name _____

(Please circle one)
I give the Leadership School Staff
my permission to administer
Tylenol Advil
to my son/daughter

Parent/Guardian _____

Phone Number of above _____

List Allergies

Please list any emotional/
medical concerns that concern
your son/daughter has.

Please list all medications
that you are sending with
your child.

Med name _____

Dose/Frequency _____

Route:Injection/oral/topical/other _____

Med name _____

Dose/Frequency _____

Route:Injection/oral/topical/other _____

Med name _____

Dose/Frequency _____

Route:Injection/oral/topical/other _____

Time of Admin	M	T	W	Th	F	S	S
AM							
PM							
Noon							
As Needed							
Other							
Time of Admin	M	T	W	Th	F	S	S
AM							
PM							
Noon							
As Needed							
Other							
Time of Admin	M	T	W	Th	F	S	S
AM							
PM							
Noon							
As Needed							
Other							