



The Leadership School
at **Kieve**

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

School _____

Parent Name _____

Can we give your student?:

Tylenol Y/N

Advil Y/N

Benadryl Y/N

The Leadership School Application (please print)

Name _____ Nickname _____
 First Middle Last

Date of Birth _____ Present Grade _____ Gender: M F

Home Address: Street _____ Town _____

State _____ Zip Code _____ Home/ Cell # _____

Work # _____ Email _____

Emergency Contact # 1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

Does your child have any special needs or medical problems/medications that we should be aware of?

Family Physician's Name _____ Phone _____

Health Insurance Plan and Number _____

In case of ordinary illness, parents /guardians are notified by phone in all but the most minor cases. In case of serious illness, injury, or any emergency condition, the parents/guardians of the student will be notified immediately by phone. When such communication should fail, or when in any case delay will cause serious danger to the student, the Director (or appointed Leadership School staff) shall have the authority to authorize any emergency medical or surgical procedure, and the use of anesthesia. The Leadership School is not responsible for any medical costs incurred.

I accept the terms and conditions on this application. I give permission to The Leadership School to use my son's/daughter's photo to publicize The Leadership School.

Signature of Parent/Guardian