



Kieve

Kieve Leadership Decisions Institute
P.O. Box 169
Nobleboro, ME 04555
Tel. 563-5172 Fax 563-5833

School _____

Dates Attending _____

Leadership Decisions Institute Application *(Please Print)*

Name _____ Nickname _____
First Middle Last

Date of Birth _____ Present Grade _____ Sex: M F

Parent or Guardian Name(s) _____

Home Address: Street _____ Town _____

State _____ Zip Code _____ Home # _____

Work # _____ E-mail _____

- Yes, ___ adults will attend the Learning Together workshop and ___ adults will attend Visitor's Night.
 No, I will not attend.

Emergency contact _____ Phone # _____

School Phone _____ Principal's Name _____

Does the student have any special needs or medical problems we should be aware of? _____

Medications _____

I authorize the Kieve staff to administer Tylenol and/or Advil to my child as needed. Yes No

Family Physician: Name _____ Phone _____

Family 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 Kieve staff) shall have the authority to authorize any emergency medical or surgical procedure, and the use of anesthesia. Kieve is not responsible for any medical costs incurred.

Signature of Parent/ Guardian