



The Leadership School at Kieve

Kieve Wavus Education, Inc. PO Box 169, Nobleboro, Maine 04555
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Adult Participant Information Form

Participant's Name _____

School or Organization _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Sex - **M F** Age _____ Birth date _____

Emergency Contact _____

Day Phone _____ Evening Phone _____

Do you have any special needs that we should be aware of or take any daily medication?

Authorization for Health Care:

This form is correct and accurately reflects my health status. I authorize the Kieve-Wavus staff to provide routine healthcare, dispense medications, and seek emergency treatment for me. I give permission to the physician selected by Kieve-Wavus to order x-rays, routine tests, and treatment related to my health for both routine health care and in emergency situations. If my emergency contact cannot be reached, I give my permission to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery. I understand the information on this form will be shared on a "need to know" basis with Kieve-Wavus staff. I give permission to photocopy this form. Kieve-Wavus is not responsible for any medical costs incurred.

I give permission to Kieve-Wavus to use my photo to publicize Kieve-Wavus programs.

Signature

Family Physician's Name _____

Phone _____

Health Insurance Plan and Number _____