

Participant Name: _____
 Parent/Guardian Name: _____
 Day Phone: _____ Eve. Phone: _____

School/Organization: _____

Kieve Wavus Education, Inc, PO Box 169, Nobleboro, Maine 04555
 Tel. 207-563-5172 Fax 207-563-5215

Medication Administration Form

Please only complete this form if the participant needs to take medication while at The Leadership School. Complete one row for each medication. Please send medication in original packaging clearly labeled with the participant's name and instructions. Please provide the appropriate amount for the duration of the participant's stay. (Make additional copies of this form if necessary)

Medication Name (Dose)	Time of Administration	FOR STAFF USE ONLY						
		M	T	W	Th	F	S	S
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other _____							
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other _____							
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> Other _____							