

Calvin Crest Outdoor School Student Health Inventory Summary

Dates: _____ School: _____

Please list students with difficulties, and check or fill in necessary information below.

STUDENT	TEACHER	CAR SICKNESS	SLEEP- WALK	INSECT BITE/ FOOD ALLERGIES	ALLERGIES TO MEDICATIONS	TAKING MEDICINE (KIND?)	BIRTHDAY DURING WEEK
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							