

Calvin Crest Outdoor School

Student Health Inventory Summary

Dates of Attendance: _____ School: _____

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

This form will help you to understand the needs of your students prior to your trip to Calvin Crest Outdoor School.

STUDENT	TEACHER	MOTION SICKNESS	SLEEP-WALKING	ALLERGIES TO FOODS, INSECT BITES, OR MEDICATIONS	TAKES MEDICATION	DISABILITY (DESCRIBE)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						