



Texas Tech University Outdoor School

Important Information Needed



School: _____ Teacher: _____
 Date: _____

Please provide The Outdoor School Instructors with important information about your students medical issues, diet, discipline concerns, allergies, etc. (All information will be kept **confidential**.)

BOYS

GIRLS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____