

**GALENA RIDGE
Wilderness Program**

STUDENT PROFILE

Parents Names _____

Address _____

Telephone (Father) _____
(Mother) _____

Email _____ Fax _____

Are parents divorced? Yes ___ No ___ If yes, which has legal custody?

Student's Name _____ Birth date _____

School grade _____

Ht _____ Wt _____ Does student use drugs or alcohol? _____ If yes, what
drugs?

Does your son have any health problems? Explain: _____

Is your son currently using medication? _____ If so, list meds, frequency and amount of
dosage. _____

Has your son ever been arrested or adjudicated? If yes, please explain. _____

Does your son have any history of fire starting? If yes, please explain. _____

Has your son student ever been hospitalized or treated for any psychological disorder? If
yes, please explain. _____

Has your son ever discussed or attempted suicide? If yes, please explain. _____
