

CLEAR CREEK INDEPENDENT SCHOOL DISTRICT EMERGENCY INFORMATION FOR SCHOOL ACTIVITY

Social Security No. _____ School _____
Student's Name _____ Grade _____
(Last) (First) (Middle)

Student's Address: _____
(Street) (City) (Zip)

Mailing Address: _____
(Street) (City) (Zip)

Father's Name _____ Home Phone _____
Business Phone _____ Other Phone _____

Mother's Name _____ Home Phone _____
Business Phone _____ Other Phone _____

In case of minor illness or injury, if parent cannot be reached, notify (Must be 21 years or older)

Name: _____ Relationship _____
Home Phone _____ Other Phone _____

Name: _____ Relationship _____
Home Phone _____ Other Phone _____

Pre-existing medical conditions: _____

Prescription medication taking: _____

Optional: In case of minor illness or injury, please administer the above prescription medication.

Parent or Guardian Signature Date

Optional: In case of non-life threatening illness or injury, you can admit student to a hospital.

Parent or Guardian Signature Date

In case of an emergency, if parent cannot be reached, notify:

Doctor _____ Emergency Phone _____

Or take my child to the nearest medical facility for emergency care.

Parent or Guardian Signature Date

Photocopy of current medical insurance card preferred. Additional parent comment on back please.
****UIL Boys and Girls Physician's and Parent's Certificate may be used for Athletics and Drill Team**