

# Clear Creek Independent School District Emergency Information for School Activity

Social Security # \_\_\_\_\_ 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

Must have a photocopy of current medical insurance card. Additional parent comment on back please.  
**\*\*UIL Boys and Girls Physician's and Parent's certificate may be used for Athletic and Drill Team.**