

**CLEAR CREEK INDEPENDENT SCHOOL DISTRICT
EMERGENCY INFORMATION FOR SCHOOL ACTIVITY**

EXHIBIT F

School Name 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 or allergies: _____

Prescription medication currently taking or emergency medication: _____

In case of an emergency, please 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**

PARENT CONSENT FORM FOR
SCHOOL-SPONSORED TRIP

My child, _____, has my permission to attend and participate in the following school-sponsored trip/s:

Any and all choir events (name of activity/event)

Clear Lake Choir (sponsoring group, club, or class)

Mr. Dominguez / Mrs. Blakley (name of adult sponsor)

Any approved location (location)

For the 2016-2017 year (departure and return dates/times)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

Date

Signature of Parent/Guardian



Website and Media Agreement 2016 - 2017

Printed legal name of student: _____

Student's date of birth: _____ Grade: _____

CCISD utilizes a variety of resources to publicize district events and school news, and to celebrate the successes of our students.

If you object to the use of a photograph or other electronic image of your child on the school website or choir website, in the newspaper, district newsletters, CCISD promotional videos, or other such media, please indicate your disagreement below:

_____ I object to the use of a photograph or other electronic image of my student being utilized in connection with Clear Lake High School Choir.

If you object to the use of your student's full name being listed as the recipient of an honor or award or as the member of a performing group, or in any other capacity on the school website, choir website, in the newspaper, district newsletters, or other media as described above, please indicate your disagreement below:

_____ I object to the use of my student's full name being utilized in connection with Clear Lake High School Choir.

Or:

_____ Feel free to celebrate and publicize the successes of my student and Clear Lake Choir or publish photos, recordings, etc. of the choir or choir students on the website, on the internet, or in other media, including the use of my student's image and/or name!

Please sign below to acknowledge your receipt of and agreement to these policies.

Signature of parent/guardian

Date



Text Communication Authorization 2016 - 2017

CCISD policy allows only a teacher, trainer, or other employee who acts as a coach or sponsor of a sport or extracurricular activity to use text messaging to communicate with students/athletes who participate in the activity. By signing this authorization, you are granting permission to the coach/sponsor to call or text important information to you and/or your student at the number you provide on this form. Text messaging may be used only as necessary and only to communicate information directly related to the sport/extracurricular activity. Concerns about any inappropriate communication by any CCISD employee should be reported to the campus principal. [CCISD BOARD Policy CQ(LOCAL) and DH (LOCAL)]

I, _____, agree that an authorized coach/sponsor may contact my
Parent/Guardian

student by cell phone to communicate important team, group and/or practice information on an “as needed” basis.

Student Name: _____

Appropriate phone number(s) for communication:

Signature of parent/guardian

Date

CCISD Extracurricular Student Activity Rules of Conduct
Parent Acknowledgement

Student's Full Name

CLHS

Campus

Current Grade

Choir

Extracurricular Activity
(One form must be submitted for each activity the student participates in)

Your signature acknowledges that you have received a copy of the CCISD Student/Parent Handbook including the Code of Conduct, the Extracurricular Student Activity Rules of Conduct, and the organization's rules/constitution. Your signature acknowledges that you agree to follow these guidelines and expectations as a member of the following organization: Clear Lake Choir

Student Signature

Parent/Guardian Signature

Date

Date

