

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

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 or emergency medication requested to be held and/or administered during trip: _____

For overnight trips, in accordance with FMG(REGULATION), parent or guardian is to list prescription medication(s) on a document, place the document and the amount of medication(s) needed for the duration of the trip in a sealed envelope, write the time and frequency of administering the medication on the outside of the envelope, and attach to this form.

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**