

**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**

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Please be sure to include ANY and ALL acceptable medications (over-the-counter) the student may have

