

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

**EXHIBIT F**

\_\_\_\_\_  
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**