Clear Creek Independent School District
Emergency Information for School Activity

School Creekside Intermediate

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 (or write insurance information on this page or attached page). Additional parent comment on separate paper please.