

CLEAR CREEK INDEPENDENT SCHOOL DISTRICT
EMERGENCY INFORMATION FOR SCHOOL ACTIVITY

Student ID # _____ School _____

Student's name _____ Grade _____
(last) (first) (middle)

Student's Home Address _____
(street) (city) (zip)

Student lives with: mother ___ father ___ both ___ other _____

Father's name _____ Home Phone _____

Work Phone _____ Employer _____

E-mail address _____ Cell Phone _____

Mother's name _____ Home Phone _____

Work Phone _____ Employer _____

E-mail address _____ Cell Phone _____

In case of minor illness or injury, if parent cannot be reached, please 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)

CLEAR CREEK INDEPENDENT SCHOOL DISTRICT
PARENT CONSENT FORM FOR SCHOOL-SPONSORED TRIP

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

_____ ALL EVENTS _____ (name of activity/event)

_____ VLIS BAND _____ (sponsoring group, club, or class)

_____ RANDOLPH/DIEFENBACH _____ (name of adult sponsor)

_____ ALL _____ (location)

_____ ALL _____ (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 the sponsor(s) will attempt to provide necessary supervision during the course of the trip.

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

I understand that the Clear Creek Independent School District 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.

(Date)

(Parent or Guardian Signature)

* 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).