

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

LCIS Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Middle)

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*

*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**  
**LCIS Orchestra is NOT requesting a copy of your current medical insurance card for the**  
**2020-2021 school year.**  
**Thank you!**