Clear Creek Independent School District Emergency Information

Teacher:			Grade: School:	
Student's Name:				
	(Last)		(First)	(Middle)
Student's Address:	(Stroot)	(0)1.3		Home Phone:
Moiling Address	(Glieel)	(City)	(Zip)	
Mailing Address:	(Street)		(City)	/7:_\
		Cell #:		(Zip) Work #:
Parent/Guardian Name:		Coll #:	c-mail;	Work #:
In case of minor illness or inju	rv if narent c	annot be reached metic	E-mail:	Work #:
		-		
Name:		Relationship.	Home Phone:	Cell #:
tvaille,		Relationship:	Home Phone:	Cell #:
In case of emergency if parent	cannot be rea	ached, please notify:		
Doctor Or take my child to the nearest	medical facil	ity for amarganay acre		_ Phone #:
to the notice:	medical laci	ity for emergency care.		
		Pa	rent or Guardian Signature	
			on or ordered on organization	Dat
Teacher:		_		
odonor		Gr	ade: School:	
Student's Name:	Last)		rst)	
tudent's Address:		(רו	,	(Middle)
(5	Street)	(City)	(Zip)	Home Phone:
ailing Address:	10	,	(٢)	
(SI	reet)		(City)	(Zip)
arent/Guardian Name:		Cell #:	E-mail:	Work #:
arent/Guardian Name:		Cell #;	E-mail:	Work #:
case of minor illness or injury	if parent can	not be reached, notify:		
			Home Phone:	Cell #:
nme:		Relationship:	Home Phone:	Cell #:
case of emergency if parent ca	nnot be reac	hed, please notify:	THOMOS THOMOS	Cell #;
ctor		·	-	Dhana 4
take my child to the nearest m	edical facility	for emergency care.	r	Phone #:
		-	4 - 0 - " 6	
		Parer	nt or Guardian Signature	Date