

Clear Creek Independent School District
Emergency Information

Teacher: _____ Grade: _____ School: _____

Student's Name: _____
(Last) (First) (Middle)

Student's Address: _____
(Street) (City) (Zip) Home Phone: _____

Mailing Address: _____
(Street) (City) (Zip)

Parent/Guardian Name: _____ Cell #: _____ E-mail: _____ Work #: _____

Parent/Guardian Name: _____ Cell #: _____ E-mail: _____ Work #: _____

In case of minor illness or injury if parent cannot be reached, notify:

Name: _____ Relationship: _____ Home Phone: _____ Cell #: _____

Name: _____ Relationship: _____ Home Phone: _____ Cell #: _____

In case of emergency if parent cannot be reached, please notify:

Doctor _____ Phone #: _____
Or take my child to the nearest medical facility for emergency care.

Parent or Guardian Signature Date

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