



# CALIFORNIA STATE UNIVERSITY, STANISLAUS

OFFICE OF MATHEMATICS GRANTS  
One University Circle • Turlock, CA 95382  
(209) 667-3780 Fax No. (209) 667-3012

## PREP 2011 Emergency Form

Complete and return this form  
*Please Print*

Student's Name \_\_\_\_\_

The following permission slip must be filled out and signed by a parent or legal guardian for student.

### To Whom it May Concern:

I, \_\_\_\_\_ authorize permission for medical treatment  
Parent(s) Name (print)

to be provided to \_\_\_\_\_ in the event of an emergency.  
Child/Ward Name (print)

My insurance provider is: \_\_\_\_\_

My policy/group/ID number is: \_\_\_\_\_

### Please contact parent/guardian at:

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

### Alternate Contact Person: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/ Guardian