CALIFORNIA STATE UNIVERSITY, STANISLAUS
OFFICE OF MATHEMATICS GRANTS
One University Circle • Turlock, CA 95382
(209) 667-3780 Fax No. (209) 667-3848

HiMAP 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