



MACHAKOS UNIVERSITY

OFFICE OF THE REGISTRAR (ACADEMIC & STUDENT AFFAIRS)

Programme Admitted to: _____

EMERGENCY OPERATIONS/ADMISSIONS

(For those students under 21 years)

Approval of your parents (or guardian in case none of your parents is alive) is required for the Vice-Chancellor of Machakos University or his designate to give consent on their behalf, for an emergency operation or admission into a hospital to be carried out on you should a situation calling for such an operation or admission into a hospital arise.

FORM OF CONSENT

I agree that the Vice-Chancellor of Machakos University or his designate may consent to an emergency operation, or admission into a hospital, on _____

Admission No _____ (insert name and number) if it has proved impossible to contact me in time.

Name of Parent/Guardian _____

Relationship _____

Address _____

Telephone No. _____ **Mobile No:** _____ **Landline:** _____

Email Address _____

Signature _____

Date _____