



**MASENO UNIVERSITY
OFFICE OF THE REGISTRAR – ACADEMIC AFFAIRS**

Name of Candidate..... Adm.No.....

Programme admitted for.....

EMERGENCY OPERATION(S)

Approval of your parent(s) or guardian(s) is required for the Vice-Chancellor of the University to give consent on their behalf, for an emergency operation(s) to be carried out on you should a situation calling for such an operation arise. Parent(s)/guardian(s)/next-of-kin are therefore required to complete the consent form below:

FORM OF CONSENT

I agree that the Vice-Chancellor of Maseno University can consent to an emergency operation on (Insert Name) who is my..... (state relationship) if it has not proved possible to contact me in time.

FULL NAME

SIGNATURE

ADDRESS

TEL.

DATE