



# THE CO-OPERATIVE UNIVERSITY OF KENYA

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## EMERGENCY OPERATIONS

NAME .....

University Registration Number .....

Course Accepted for .....

Approval of your parents (or guardians) is required for the Vice Chancellor of the University to give consent on their behalf for an emergency operation to be carried out on you should a situation calling for such an operation arises. Parents (or guardians) are therefore required to complete the consent form below.

## FORM OF CONSENT

I agree that the Vice Chancellor of The Co-operative University of Kenya may consent to any emergency operation being performed on ..... (Insert name) if it is has proved impossible to contact me in time.

Signature .....

Relationship.....

Address.....

.....

.....

Mobile..... E-mail .....

Date .....

