



**THE CO-OPERATIVE UNIVERSITY OF KENYA**

---

**EMERGENCY MEDICAL OPERATIONS FORM**

---

This applies to students who are minors (i.e. below 18 years of age)

Name of Student .....

Registration No .....

Course admitted to .....

Date of Birth .....

Approval of your parent(s) or guardian is required for the Vice – Chancellor of the Co-operative University, to give consent on their behalf for any emergency operation to be carried out on you, should such a situation arise. Your parent(s) or guardian are therefore required to complete the consent form below if you are below 18 years of age.

**CONSENT FORM**

I agree that the Vice - Chancellor of the Co-operative University of Kenya may give consent for any emergency operation being performed on ..... (student’s name), if not possible to contact me in time.

Parent/ Guardian’s Name .....

Signature .....

Relationship .....

Address .....

Telephone No. ....

Date .....

Signature of Parent/Guardian ..... Date .....



*CUK is ISO 9001: 2015 Certified*