



THE CO-OPERATIVE UNIVERSITY OF KENYA

EMERGENCY MEDICAL OPERATIONS FORM

This applies to students who are minors.

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.

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

