



THE CO-OPERATIVE UNIVERSITY OF KENYA

EMERGENCY MEDICAL OPERATIONS FORM

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.

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).

Parent/ Guardian's Name: Relationship:

Contact Address

Email Address Telephone No:

Signature of Parent/Guardian.....Date



CUK is ISO 9001: 2015 Certified