



# MASENO UNIVERSITY

## OFFICE OF THE REGISTRAR – ACADEMIC AND STUDENT AFFAIRS

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MASENO - Kenya

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

Programme Admitted for .....

### EMERGENCY OPERATION(S)

This applies to students who are minors, (i.e. under 18 years).

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 .....

DATE .....

*Please make a Photocopy of this form and fill in quadruplicate (Fill in 4 copies)*

**Keep safe: Wear Mask, wash hands with water and soap or sanitize and keep social distance**

