JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
P.O. BOX 62000-00200, CITY SQUARE, NAIROBI, KENYA. TELEPHONE: (067) 5352711/5352181-4. FAX: 52164, THIKA
Office of the Registrar (Academic Affairs)
E-Mail: registrar@aa.jkuat.ac.ke

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Office of the Registrar (Academic Affairs)

EMERGENCY OPERATIONS

Name of Student: ............................................................................................................
University Registration Number: ....................................................................................
Course Accepted for: .....................................................................................................
Approval of your parent or (guardian) 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 (Guardians) are therefore required to complete the consent form below.

FORM OF CONSENT

I agree that the Vice-Chancellor of the Jomo Kenyatta University of Agriculture and Technology may consent to any emergency operation being performed on:...........................................................
(Insert Name of Student) if it has not proved possible to contact me in time.

Name (Parent/Guardian): ............................................................................................
Signature: ........................................................................................................ Relationship: ........................................
Telephone No(s): ........................................................................................................
E-Mail: .......................................................... Date: ............................................

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Setting trends in Higher Education, Research and Innovation