

OFFICE OF THE REGISTRAR, ACADEMIC AND STUDENT AFFAIRS
CONSENT TO EMERGENCY OPERATIONS FORM

A. Demographic Information

Last Name: _____ First Name: _____

Middle Name: _____

Admission Number: _____

Home Address: _____

_____ Code: _____ City: _____

County: _____ Country: _____

Phone Number: _____ Alternate Phone: _____

Date of Birth: _____ Gender: _____

For Emergency Notify: _____

Relationship: _____ Phone Number: _____

Alternate Phone: _____ Medical Cover (If any): _____

B. Emergency Operations

This applies when the student is not in a position to sign the consent personally or when the students are minors (i.e. person under 21 years of age).

Approval of your next of Kin/parents/guardian) is required for the Medical Officer of the University to give consent on your behalf for an emergency operation to be carried out on you should a situation calling for an operation arise.

Next of Kin/parents/guardians are therefore required to complete the consent form below.

C. FORM OF CONSENT

I agree that the Medical Officer of the University may consent an emergency operation described below if it is not possible to contact me.

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Name:

Relationship: Address:

Address:

Telephone No: Alternate Phone No.:

Signed: Date: