



GREAT LAKES UNIVERSITY OF KISUMU

OFFICE OF THE REGISTRAR ACADEMICS

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P. O. Box 2224
 Kisumu
 Kenya

EMERGENCY OPERATION

This applies to students who are minors (i.e. under 21 years of age)

Name of Student _____

Date of Birth _____

Course Admitted to _____

Registration No. _____

Approval of your parents (or guardian) is required for the Great Lakes University of Kisumu to give consent on their behalf, for any emergency operation to be carried out on you should a situation calling for such an operation arise. Parents (or guardians) are therefore required to complete the consent from below if you are less than 21 years of age.

FORM OF CONSENT

I agree that the Vice Chancellor of the Great Lakes University of Kisumu may give consent for any emergency operation being performed on _____ (insert name), if it has not proved possible to contact me in time.

Name _____

Signed _____

Relationship _____

Address _____

Telephone _____ Date _____