



MERU UNIVERSITY OF SCIENCE & TECHNOLOGY

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EMERGENCY OPERATIONS

Name of Candidate.....

University Registration Number:.....

Course Accepted for:.....

Approval of your parents (or guardians) 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 (or guardians) are required to complete the consent form below.

FORM OF CONSENT

I AGREE THAT THE Vice Chancellor of the Meru University of Science and Technology may consent to any emergency operation being performed on..... (Name of Student)

Name:.....Signature:.....

Address:.....

.....

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Date:.....