



MERU UNIVERSITY OF SCIENCE AND TECHNOLOGY

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EMERGENCY OPERATIONS

Name of Student:

University Registration Number:

National Registration Number (ID)

Course Accepted for:

Student Phone Number: Alternative number:

Name of parent/Guardian:Phone No.....

Approval of your parents (or guardians/spouses) 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:

.....

.....

Date: