



**MERU UNIVERSITY OF SCIENCE AND TECHNOLOGY**

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**CONSENT FOR EMERGENCY MEDICAL SERVICES**

Name of Student: .....

Registration Number: .....

National Registration Number (ID)/Birth Certificate Number: .....

Course Admitted to: .....

Student Phone Number: ..... Alternative number: .....

Name of Next of Kin: .....

National Identification Number: .....

Phone No .....

Address: .....

Approval of your next of kin is required for the Vice Chancellor to give consent on his/her behalf for emergency medical procedure/operation to be carried out on you should a situation calling for such an action arise. Your next of kin is required to complete the consent statement below.

**CONSENT BY NEXT OF KIN**

I ..... AGREE THAT THE Vice Chancellor of Meru University of Science and Technology may consent to any emergency medical procedure/operation to be performed on ..... Registration number .....

Signature: .....

Date: .....



MUST is ISO 9001:2015 and



ISO/IEC 27001:2013 CERTIFIED