



MERU UNIVERSITY OF SCIENCE AND TECHNOLOGY P.O.

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Website: www.must.ac.ke Email: registrars@must.ac.ke, admission@must.ac.ke

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

