



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR (ACADEMIC AFFAIRS)**

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P.O. BOX 210 - 40601

BONDO

Date: \_\_\_\_\_

:

Name of candidate: \_\_\_\_\_ Adm. No. \_\_\_\_\_

Course admitted for: \_\_\_\_\_

**EMERGENCY OPERATION(S)**

Approval of your parent(s) or guardian(s) is required for the Designated Officer of the University to give consent on their behalf, for an emergency operation(s) to be carried out on you should a situation calling for such an operation arise.

Parent(s)/guardian(s)/next of kin are therefore required to complete the consent form below.

**FORM OF CONSENT**

I agree that the Medical Officer, Jaramogi Oginga Odinga University of Science and Technology can consent to an emergency operation on \_\_\_\_\_ (insert name) who is my (State relationship) \_\_\_\_\_ if it has not proved possible to contact me in time.

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_