



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY
JOOUST CENTRE OF TECHNICAL, VOCATIONAL EDUCATION AND TRAINING
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:** _____