



# GREAT LAKES UNIVERSITY OF KISUMU

## OFFICE OF THE REGISTRAR ACADEMICS

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P. O. Box 2224  
 Kisumu  
 Kenya

### **EMERGENCY OPERATION**

This applies to students who are minors (i.e. under 21 years of age)

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Course Admitted to \_\_\_\_\_

Registration No. \_\_\_\_\_

Approval of your parents (or guardian) is required for the Great Lakes University of Kisumu to give consent on their behalf, for any emergency operation to be carried out on you should a situation calling for such an operation arise. Parents (or guardians) are therefore required to complete the consent from below if you are less than 21 years of age.

### **FORM OF CONSENT**

I agree that the Vice Chancellor of the Great Lakes University of Kisumu may give consent for any emergency operation being performed on \_\_\_\_\_ (insert name), if it has not proved possible to contact me in time.

Name \_\_\_\_\_

Signed \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_