



OFFICE OF THE DEPUTY VICE CHANCELLOR (A & SA)

Course Admitted to:

EMERGENCY OPERATIONS/ADMISSIONS

(For those students who are under 21 years)

Approval of your parents (or guardian in case none of your parents is alive) is required for the VICE CHANCELLOR, PWANI UNIVERSITY or his designate to give consent on their behalf, for an emergency operations or admission into a hospital to be carried out on you should a situation calling for such an operation or admission into a hospital arise.

FORM OF CONSENT

I hereby agree that the **Vice Chancellor, Pwani University**, or his designate may consent to an emergency operation, or admission into a hospital, on my son/daughter:

Name: Admission No.
..... (insert name and number) if it has proved impossible to contact me in time.

Name of Parent/Guardian.....

Signature

Relationship

Email Address.....Telephone No.....

Postal Address: P. O. BoxPostal Code.....Town.....