



## TAITA TAVETA UNIVERSITY

### Office of the Registrar (Academic, Research and Outreach)

P.O. BOX 635-80300 – Voi; Tel: 020 – 2437267/0774222064;

Email: registrar-aro@ttu.ac.ke; Website: www.ttu.ac.ke

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### EMERGENCY OPERATIONS

Name of Candidate: .....

University Registration Number: .....

Course Accepted For: .....

Approval of your parents (or guardians) is required for the Vice Chancellor of Taita Taveta University to consent on their behalf for an emergency operation to be carried out on you should a situation calling for such operations arise. Parents (or guardians) are therefore required to complete the consent form below.

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### FORM OF CONSENT

I agree that the Vice Chancellor of the Taita Taveta University may consent to any emergency operation being performed on .....

**Signature:** .....

**Relationship:** .....

**Address:** .....

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**Date:** .....