

DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS & RESEARCH

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EMERGENCY RESPONSE APPROVAL FORM

Ref No: DeKUT/AAR/APS-NRB-C/FORM 4/5

2023/2024 Academic Year

(To be completed by Students in Nairobi CBD Centre)

INSTRUCTIONS

- a) Continuing students in Nairobi CBD Centre are required to complete this Form. The information provided will facilitate the University to take appropriate action in case of an emergency.
- b) The completed Form should be handed over to the Director, Nairobi CBD Centre.

STUDENT'S PERSONAL DETAILS		
1.	First NameMiddle NameLast Name	
2.	Student Reg. No.	
3.	Name of the Programme Admitted to:	
4.	Date of Birth	
5.	Gender: Male Female	
6.	Religion	
7.	Marital Status	
8.	In case of an emergency, which hospital or medical center within the Nairobi Central	
	Business District would you like to be taken to?	
9.	When was the last time you were admitted into a hospital?	
	a) Date admitted:	
	h) Name of hospital:	

10. Indicate ye	our Blood Group:
11. Do yo	u have any known allergies? YES /NO.
12. If you	have indicated YES above, list the type of allergies below
a)	
b)	
c)	
13. In case	e of an emergency, provide two names of the contact persons the University should
contac	t?
i. 1 st pri	ority
a.	Name:
b.	Relationship:
c.	Contact Person's Telephone Number
d.	Email Address
e.	Physical Address
f.	Postal Address
ii. 2 ^r	nd priority
a. N	ame:
b. R	elationship:
c. C	ontact Person's Number:
d. E	mail Address:
e. Pl	hysical Address:
f. Po	ostal Address:
In case the po	ersons named above are unreachable, I authorize Dedan Kimathi University of
-	(Nairobi Campus) to consent to emergency cases on my behalf
	Signature
Note: All	the medical expenses incurred by student will be borne by the
Parent/Guard	
Date received	l at Nairobi CBD Centre: Stamp & Signature: