DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
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EMERGENCY RESPONSE APPROVAL FORM

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

2024/2025 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 Name ……Middle Name……Last Name……...
2. Student Reg. No. ……
3. Name of the Programme Admitted to:

   ……..……..
4. Date of Birth……Place of Birth……Nationality…….
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: ……..…….
   b) Name of hospital: …..…….

10. Indicate your Blood Group: ……

11. Do you 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 of an emergency, provide two names of the contact persons the University should contact?

i. 1st priority

   a. Name:……..……

   b. Relationship: …… ……

   c. Contact Person's Telephone Number……

   d. Email Address……..

   e. Physical Address……..

   f. Postal Address …….

ii. 2nd priority

   a. Name:……..

   b. Relationship:……

   c. Contact Person's Number:……..

   d. Email Address:……

   e. Physical Address:…….....

   f. Postal Address:……..

In case the persons named above are unreachable, I authorize Dedan Kimathi University of Technology (Nairobi Campus) to consent to emergency cases on my behalf ……..…… (Insert name).

Date…….. Signature…….....

Note: All the medical expenses incurred by student will be borne by the Parent/Guardian/Self.

Date received at Nairobi CBD Centre: Stamp &Signature: