

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

**P.O BOX 657-10100 NYERI, KENYA** 

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## **EMERGENCY RESPONSE APPROVAL FORM**

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

2025/2026 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.

ST	UDENT'S PERSONAL DETAILS		
1.	First Name Middle Name Last Name		
2.	Student Reg. No.		
3.	Name of the Programme Admitted to:		
4.	Date of BirthNationality		
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 y	our Blood Group:
11. Do yo	u have any known allergies? YES /NO.
12. If you	have indicated <b>YES</b> 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 <sup>st</sup> pri	ority
a.	Name:
b.	Relationship:
c.	Contact Person's Telephone Number
d.	Email Address
e.	Physical Address
f.	Postal Address
ii. 2 <sup>1</sup>	nd priority
a. N	ame:
b. R	elationship:
c. C	ontact Person's Number:
d. E	mail Address:
e. Pi	hysical Address:
f. Po	ostal Address:
In case the po	ersons named above are unreachable, I authorize Dedan Kimathi University of
Technology	(Nairobi Campus) to consent to emergency cases on my behalf
	(Insert name).
	Signature
Note: All	the medical expenses incurred by student will be borne by the
Parent/Guar	
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Date received at Nairobi CBD Centre:

Stamp & Signature: