



NEXT OF KIN FORM

Dear Students, One of the Ministry of Education Requirements on opening of institutions in these COVID-19 times is that each student provides valid details of next of Kin that the college can contact in case of an emergency. Please provide 2 phone numbers as this is for emergency purposes. Kindly but urgently fill in the required details in the form below.

NAME OF STUDENT	
PHONE NO	
ID	
INDEX	
COURSE	
NAME OF NEXT OF KIN	
RELATIONSHIP	
COUNTY/SUBCOUNTY	
ESTATE/HOUSE NO.	
PHONE NO (1)	
PHONE NO (2)	

COI has collaborated with Belevue Hospital, South C in case of medical emergency. Kindly indicate below any other preferred medical facility you would wish to be taken in case of such an emergency. Kindly note that any medical expenses will be at the students cost.

I confirm the above details are correct and valid.

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Signature

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Date