

LAIKIPIA

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UNIVERSITY

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**OFFICE OF THE REGISTRAR  
(ACADEMIC AFFAIRS)**

**MEDICAL INSURANCE AND CONSENT**

- a. ALL students are required to have NHIF cover nominating Laikipia University Medical Centre as their preferred outpatient facility. This may be done through their parents/guardians as dependants OR as individual contributors before admission. ONLY students who are below 18 years OR whose parents/guardians are civil servants can register as dependants while the rest have to enrol as individual contributors.
- b. All students are encouraged to ensure that their NHIF monthly payments are up-to-date to guarantee continued medical care.

**1. NATIONAL HEALTH INSURANCE FUND (NHIF) DETAILS OF THE POLICY HOLDER**

Name .....

NHIF No.....Date of Birth ..... Sex: .....  
(DD/MM/YYYY)

Relationship with the policy holder (if not self) .....

**NOTE: Please attach a copy of your NHIF insurance card.**

**2. AUTHORIZATION**

Student's Last Name: ..... First Name: ..... Middle Name: .....

Date of Birth: ..... Student's ID: ..... School: ..... Tel. No: .....  
(DD/MM/YYYY)

**The undersigned hereby grants permission for medical treatment and care to be provided by Laikipia University Medical Centre:**

**If above 18 years:**

Student's Name: ..... Signature: ..... Date.....

**If below 18 years** at the time of admission:

The parent/guardian of student shall submit a written authorization for Laikipia University Medical Centre to provide medical treatment and care to the student.

Name of Parent/Guardian: .....Signature: .....Relationship: ..... Date.....

*Vision: A University for Valued Transformation of Society*

*Mission: To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy*

Laikipia University is ISO 9001:2015 and ISO/IEC 27001:2013 Certified

