



# SIAYA INSTITUTE OF TECHNOLOGY

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## DECLARATION BY THE PARENT/GUARDIAN FOR HOSPITAL TREATMENT

Please indicate below the hospital where you wish your son/daughter to be admitted in case of serious illness.

a) Siaya District Hospital, and I am prepared to pay extra hospital charges. ☐

b) BAMA Nursing Home (private) and I am prepared to pay the hospital charges. ☐

c) St. Elizabeth Mission Hospital (private), and I am prepared to pay the hospital charges. ☐

d) Any other: \_\_\_\_\_ and I am prepared to pay the hospital charges. ☐

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Name of Parent/Guardian/Sponsor

\_\_\_\_\_  
Signature of Parent/Guardian/Sponsor

