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Consent to Share Medical Information

I _____, give Rivier University permission to share
_____'s medical records including physical exam form and copies of
my/their immunization reports between Rivier University's Department of Nursing and
Health Professions, Rivier University's Department of Athletics, and Rivier University's
Student Health Services Department should they be required.

Student Signature

Date_____

Legal Guardian's Signature (**if student under the age of 18**)

Date_____