



Office of Health Services  
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## **MEDICAL CARE AUTHORIZATION**

“I, the undersigned, hereby specifically authorize Salve Regina University Health Services and/or any authorized member of the staff, or duly affiliated consultant, to provide care in the University Health Services, and for emergency treatment.”

**Under R.I. Gen. Laws § 23-4.6-1 any person of the age of sixteen (16) or over or married may consent to routine, emergency, medical, or surgical care.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Varsity Athlete Authorization Statement**

“I understand that the sports medicine staff from Salve Regina University Athletics will have access to my medical chart for purpose of continuity of care and communication with the team physician and health services providers. The sports medicine staff will continue to operate under the strict confidentiality of HIPAA.”

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_