

New Student Attestation and Consent Form

My signature below indicates that:

1. I consent to medical and nursing treatment by the Middlebury College Health Services staff.
2. The information on my submitted health forms is correct and complete to the best of my knowledge.
3. I understand that the State of Vermont requires students to be fully immunized prior to arrival on campus. I will receive required immunizations at home, prior to arrival on campus, and further authorize Health Services at the Center for Health and Wellness to administer necessary vaccines to ensure compliance.
4. I understand that Health Services at the Center for Health and Wellness is required by state law to report positive results of certain laboratory tests to the Vermont Department of Health.
5. I authorize Health Services at the Center for Health and Wellness to contact my health care provider about any information requiring clarification from my medical examination, immunization record and other submitted reports.
6. If I require specialist services, lab testing, x-rays, prescriptions, or other referrals beyond the primary care services available at Middlebury College Health Services, I shall assume the financial responsibility or negotiate satisfactory arrangements with the caregiver.

Signature of Student _____ Date _____

Print Name: _____ DOB: _____

Signature of parent/guardian _____ Date _____

(Required if student is not yet 18 years old or if insurance is in parent's or guardian's name.)