



- Chest x-ray (imaging)

by healthcare providers affiliated with the University of South Florida (USF) Student Health & Wellness Center, USF Counseling Center, and the USF Physicians Group

Consents only valid if signed and dated by both the Parent/Legal Custodian/Legal Guardian and a Witness that is over the age of 18.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please email or fax this completed form to: Student Health & Wellness Center  
University of South Florida  
4202 E. Fowler Ave., SWC 310  
Tampa, FL 33620  
Fax: 813-974-5888