



Parental Consent for Minors for Administration of Vaccines

I/We, _____,

- the parent(s)
 legal custodian(s);
 legal guardian(s) of the following minor(s):

Student's Name and U number

DOB

Hereby give authorization for administration of the following vaccines:

MMR and/or Menactra (MCV4 – A, C, Y, W-135)
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., FL 33620
Fax: 813-974-5888