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- Chestx-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