

Chestx-ray (imaging)	
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by healthcareprovidersaffiliated with the University of SouthFlorida (USF) Student Health& WellnessCenter, USFCounselingCenter, and the USFPhysician& Group

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

Signature Parent/LegaGuardian

Print Nameof Parent/LegaGuardian

Pleasemail or fax this completed form to: StudentHealth& WellnessCenter University of SouthFlorida

Date

Date