



Parental Consent for Minors for Blood Testing

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 drawing of the following Blood test:

- Immunity testing (titers) for Measles and Rubella
 - T-Spot or QuantiFeron Gold (QFT): Tuberculosis (TB) blood test
- by health care providers affiliated with the University of South Florida (USF) Student Health & Wellness Center, USF Counseling Center, and the USF Physicians Group.

Consent is 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 mail 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