



Parental Consent for Minors for Administration of Influenza (Flu) Vaccine

I/We, _____,

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

Student's Name

DOB

Hereby give authorization for administration of the following vaccine:

- Influenza (Flu) Vaccine

by health care providers affiliated with the University of South Florida (USF) Student Health and Wellness Center and/or the USF TGH 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.**

Parent/Legal Guardian: _____
Print Name

Signature of Parent/Legal Guardian

Date

Witness over the age of 18: _____
Print Name

Signature of Witness

Date

Please Submit consent this completed form to one of the below options:

Mail to: University of South Florida
Student Health & Wellness Center
12530 USF Bull Run Drive SWC310
Tampa, FL 33620
Fax to: 813-974-5888

Submit to: MyBullsPath

<https://www.usf.edu/orientation/reservation/dashboard.aspx>

USF Student Health and Wellness Center Website: <https://www.usf.edu/student-affairs/student-health-services/> Immunizations Tab, then click the link "Web Submission" at the bottom of the webpage