



To participate in the student blood drive you **MUST**:

1. Meet all the Red Cross requirements for donating blood.
 - a. Be at least 16 years old with parent permission
 - b. Weight at least 118 pounds and 4'10" tall.
 - c. Have photo ID for your appointment
2. Have a parent/guardian complete the Red Cross Parental Consent form (Reverse side. Note if you are 16 years old you need to complete the **WHITE** form. Students 17 and older will complete the **BLUE** form.)
3. Complete the student information chard below.
4. Turn in your forms to the sign-up table at lunch or to Room 209 by _____ -
by 2:30 p.m.

STUDENT NAME: _____ **GRADE:** _____

HEIGHT: _____ **WEIGHT:** _____ **DATE OF BIRTH:** _____

ODD DAY SCHEDULE

CLASS PERIOD	CLASS NAME	TEACHER
HR		
1		
2		
3		
4		
5		
6		
7		
8		
9		

NO FORMS WILL BE ACCEPTED AFTER _____

Questions: Please see Ms. J (Hock) in Room 209 .

Form: Parental Consent for Blood Donation

Information

This form must be completed by a parent or legal guardian. Parental permission is required for all donations by 16-year-olds, and for donations by 17-year-olds as required by state law or blood drive sponsor. Please call us at **1-800-RED-CROSS (1-800-733-2767)** or visit www.redcrossblood.org if you have questions or concerns about the blood donation process.

Parental Consent

I have read and understand

- The information on the back of this form
- "A Student's Guide to Blood Donation"
- Any research-related study sheets that were provided

In giving consent for your son, daughter, or ward to donate blood, you have **two options**.

Please complete Option 1 or Option 2 to indicate what type of donation you are consenting to.
(Please use medium-point black pen.)

OPTION 1: Whole Blood Donation Only

I hereby give permission for my son, daughter, or ward to make a whole blood donation to the American Red Cross.

Donor Name: (son, daughter, or ward) _____

Print Name

Parent/Guardian Name: _____

Print Name

Parent/Guardian Signature: _____

Signature

Today's Date (mm/dd/yyyy)

**Optional Parent/Guardian
Phone Number:** _____

Where you can be reached on day of donation

OPTION 2: Apheresis or Whole Blood Donation

I hereby give permission for my son, daughter, or ward to give blood by either apheresis or whole blood donation to the American Red Cross (see back of form for details).

Donor Name: (son, daughter, or ward) _____

Print Name

Parent/Guardian Name: _____

Print Name

Parent/Guardian Signature: _____

Signature

Today's Date (mm/dd/yyyy)

**Optional Parent/Guardian
Phone Number:** _____

Where you can be reached on day of donation

**For American Red Cross Use Only
WBN/DIN**