



PARENT NOTIFICATION/CONSENT FORM For Blood Donation

Student Name: _____ **OSIS #** _____

Student Email: _____

Last class of the day _____ **period** _____

NAME OF PARENT/GUARDIAN WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY:

Name: _____

In case of emergency, I can be reached at: **Day Phone:** (____) _____

Evening Phone: (____) _____

Cell Phone: (____) _____

Please INITIAL next to each date in which you permit your child to donate blood.

____ I authorize permission for my child to donate blood on April 12, 2019

Blood Drive Requirements: Please read and check off each one:

- Eat regular meals and drink plenty of fluids in the days leading up to the blood drive.
- Eat at least one good-sized meal on the day of the drive.
- You should feel well and not be sick on the day of the drive.
- On the date of the blood drive, go to the auditorium at the time of your appointment with your ID, permission slip, and program.
- Fill out a health history form on a computer.
- Meet with a phlebotomist who will review your medical history form. The phlebotomist will check your temperature, blood pressure, and hemoglobin levels to clear you for donation. Coffee can lower your hemoglobin count so if possible, drink it several hours prior to your donation.
- If medically cleared by the phlebotomist, you will then make your blood donation. It takes 10-12 minutes to draw blood. The blood drive is organized by the New York Blood Center which must meet FDA regulations. More information about the organization can be found here: <http://nybloodcenter.org>
- Eat snacks and drink juice.
- Relax 15 minutes.
- Go home with a friend. If your appointment is at the end of your school day; you will not be allowed to donate if a friend is not there to commute home with you. If you donate and your friend leaves without you, your parents will be called to pick you up.
- Hydrate for the next 48 hours.



I have reviewed all of the information and INITIALED the dates that I am permitting my child to donate blood. I have read and understand the blood drive requirements.

THIS FORM MUST BE NOTARIZED (Proof of PARENTS Signature)

Notary stamp:

I have read the parent notification/consent form and give consent for my child to donate blood on the initialed date(s). I have also read through all of the requirements and will ensure sure my child has met all requirements for blood donation. I will be asked to pick up my child if he/she does not have a friend to commute home with them after donating.

Signature of Parent/Guardian

Date

Print Name

Relation to Student

Signature of Student

Date

Print Name

This portion does not need to be notarized. Please list your full schedule. You can only attend the drive during your lunch period or after your school day ends. In some events, **blood donation may take longer than your lunch period so you MUST get permission from the teacher the period after your lunch period and have him/her sign below for that period only.**

Class	Teacher Signature	Class	Teacher Signature
1 _____	_____	6 _____	_____
2 _____	_____	7 _____	_____
3 _____	_____	8 _____	_____
4 _____	_____	9 _____	_____
5 _____	_____	10 _____	_____