

IMPORTANT INFORMATION FOR PARENTS

For High School Donations Sites: Parent/Legal Guardian must complete and return form prior to donation.

AUTHORIZATION FORM for HIGH SCHOOL BLOOD DONORS

Note: This form must be completed using Blue or Black ink only.

I, _____, _____
Printed Name of Parent or Legal Guardian Relationship

give my consent for _____ to donate blood.
Printed Student Name

Signature Date Preferred Phone Number