



Houchin Blood Bank High School Student Activity Parental Notification Form

Name of student _____ Date of birth _____

Please indicate teacher and period below:

Government / Econ		Period	
US History		Period	
English		Period	
Elective		Period	

*****Do you want to donate with a BUDDY? Yes! Give us their name!*****

Donation Buddy	
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Mailing address _____

City and zip code _____

Email address _____

PERSON (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

Name _____ Phone _____

I, the parent (guardian) of the above named student hereby give my permission for him/her to give a unit of whole blood or if qualified and willing, to give 2 units of red cells using automated technology. I agree to direct my student to cooperate and conform with the directions and instructions of the personnel responsible for this activity.

I agree that in the event my child is injured as result of his/her participation in the BLOOD DRIVE, whether or not caused by the negligence of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs will first be had against any accident, hospital or medical insurance of any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in the above named activity.

Parent/Guardian Signature _____

Date _____

Phone number _____

IN ORDER TO DONATE BLOOD AT THE SCHOOL CAMPUS, A STUDENT MUST

1. Be at least 17 years old and present **a picture ID with date of birth.**
2. Eat a meal prior to donation, consisting of **protein and carbohydrates.**
3. Present this permission form – no exceptions!
4. Meet minimum weight requirement of 110 lbs.
5. Meet additional height and weight requirements for the automated technology.
6. Allow a health history to be taken and evaluated prior to the donation.