

### FAIRFIELD PUBLIC SCHOOLS FAIRFIELD LUDLOWE HIGH SCHOOL

Fairfield, Connecticut

### **BLOOD DONATION PERMISSION SLIP NEEDED if you are 17 years old**

#### **TO PARENTS/GUARDIANS:**

Blood helps save lives. The American Red Cross Club is hosting a blood drive on Monday, December 3rd (Day 4) at FLHS. Students 17 and older may donate blood in the state of CT.

It is hoped that this opportunity will be an enriching experience for your son or daughter, and perhaps start a lifelong habit of giving blood.

Your son or daughter would like to donate blood at the blood drive and needs your permission to do so. Please send this **SIGNED** permission form in with your son/daughter. Your son/daughter can return it to Ms Mahar in room 381, the Red Cross Club Volunteers in the cafeteria during lunch waves, or just bring it to the blood drive.

Giving blood usually takes 1 to 1.5 hours. The time your son/daughter donates blood during the blood drive is counted as an IN-SCHOOL FIELD TRIP.

Advisor:

Ms. Mahar (Warner House) Rm 381, Biology teacher

Date of Blood Drive: Monday, December 3, 2018

Sponsored by: The FLHS Red Cross Club

**Supervised by the American Red Cross:** Students 17 years old can donate blood under the supervision of American Red Cross professionals <u>WITH</u> the signed consent of a parent or guardian on <u>THIS</u> permission slip. <u>Students 18 and older do NOT need a permission slip</u>.

## **BLOOD DONOR PREPARATION GUIDELINES**

- Drink extra fluids the day before & the morning of your donation.
- Be sure to eat a nutritious breakfast before you donate.
- Do no strenuous exercise after your donation (for 8 hours).
- Avoid caffeinated beverages on the morning of your donation.
- Do not drink hot liquids, smoke, or chew gum, just prior to your blood donation.
- Wear comfortable clothing.
- Relax.

Bring a Photo ID (required).



# FAIRFIELD LUDLOWE BLOOD DRIVE BLOOD DONATION PERMISSION SLIP

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STUDENT'S NAME (Print) STUDENT'S HOMEROOM:	
STUDENT'S HOWEROOM:	
SIUDENI SAGE, as of 12/3/2018:	
TO THE PARENT/GUARDIAN:	
I have read the information on the reverse of	this sheet and I give permission to my
son/daughter listed above to participate in th	• •
on Monday, December 3, 2018.	
on 1.10nauj, 2000.1001 0, 2010.	
Please check one:	
• I'd prefer my son/daughter donate blood o	only during his/her free period/lunch.
• My son/daughter can donate blood anytim	
responsible for all missed work & the tim	• •
L	1
PARENT NAME (Print):	
PARENT SIGNATURE:	Date:
PARENT PHONE NUMBER:	
(Please list a phone number where you can be	e reached on the day of the blood drive)
<b><u>TO THE STUDENT:</u></b> Circle YES or NO t	o the following questions:
YES NO Have you read the Red Cross heigh	t/weight requirements chart?
YES NO Do you meet the Red Cross height/	
•	R PREPARATION guidelines (on reverse)?
YES NO Do you have any questions/concern	s about your blood donation?
Email questions: Ms. Mahar: jmahar@fairfields	chools.org
List your top <u>THREE</u> time preferences, wi	
	11:30 to 11:00 (HR & Block 3a)
8:30 to 9:00 (Block 1b)	:00 to 11:30 (Block 3a/3b)
9:00 to 9:30 (Block 2a)11	:30 to 12:00 (Block 3b)
9:30 to 10:00 (Block 2a/2b)	(:00  to  12:30  (Block 3c))
10:00 to 10:30 (Block 2b) 12 ALL ATTEMPTS WILL BE MADE TO GIVE Y	
Last appointment is scheduled at 1:00 and aftern	
drive gets behind schedule.	FF Bet entered, it the blood
Student's Signature:	Date:
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SIGNED PERMISSION SLIPS can be dropped off at the red cross table by the SR. LOUNGE, in ROOM 381, or brought to the blood drive.