



Blood Transfusion Service
55 Fruit Street, GRJ 216
Boston, Massachusetts 02114-2696

Telephone: 617-726-2815; Fax: 617-726-6832

Blood Donor Parental Consent

I _____ give my consent for _____
(Print Parent/Guardian Name) (Print Donor Name)

to donate blood.

I understand that my son or daughter must present this consent form at the time of donation in order to be eligible to donate.

Parent/Guardian Signature _____ Date _____
Valid for entire school year.

Donor Signature _____ Donor Date of Birth _____