

# LAMAR HIGH SCHOOL

## BLOOD DONOR PARTICIPATION NOTIFICATION TO PARENT/GUARDIAN OF 17 YEAR OLD STUDENTS

I, \_\_\_\_\_,  
(parent / guardian)

am aware that \_\_\_\_\_  
(student)

who is at least seventeen (17) years old, is legally eligible to donate blood for the cancer patients of University of Texas M.D. Anderson Cancer Center. I am the parent or legal guardian of the above-named student, and I support his/her participation in this most worthwhile program.

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian / Today's Date

Please return signed form when scheduling your appointment time during lunch. 17-year-old students will not be allowed to donate without this form filled out by parents and returned