



Saint Peter's Prep

New Jersey's Jesuit High School Since 1872

BLOOD DONOR PARENTAL CONSENT FORM

It is the policy of St. Peter's Prep that any student 17 years or older wishing to donate blood must provide parental/guardian consent

Student's Name (Please Print)

Homeroom

Date of Birth

Student ID Number

Please note:

- *You must eat prior to donating blood
- *You must provide photo ID

I give permission for my son, _____ to donate blood on _____

Signature of Parent/Guardian

Date

Please return this signed form to Mrs. Sheppard R.N. 5700 Saint Peter's Avenue, Jersey City, NJ 07302