

**FAIRFAX COUNTY PUBLIC SCHOOLS
PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK
(BLOOD DRIVE)**

I hereby grant permission for my son/daughter to participate in the blood drive sponsored by INOVA Blood Donor Services held at Robinson Secondary School on November 4, 8:30 a.m.-2:30 p.m. I understand that participation in this event is voluntary, is not required, and will require my child's skin to be punctured by a needle for the withdrawal of blood. My child, by signature below, agrees that he/she also understands the procedures for donating blood, and agrees to participate.

I understand that INOVA Blood Donor Services will be performing the withdrawal of blood from donors, and that neither the Fairfax County School Board, its employees, nor its volunteers can be responsible for the actual procedures that will be used.

Date

Print Student Name

Student Signature

Print Parent/Guardian Name

Parent/Guardian Signature