

MILLER-KEYSTONE BLOOD CENTER

Parent's Permission Slip

Please print name

I give _____

permission to participate in the High School Blood Drive. I have read the parental informational letter and give my permission for:

- Whole Blood Automated Red Cells
 Automated Plasma Automated Platelets

Parent/Guardian Phone number _____ Date _____

Parent/Guardian Phone signature _____



MILLER-KEYSTONE
BLOOD CENTER

1465 Valley Center Parkway
Bethlehem, PA 18017
610-691-5850 800-223-6667
Administrative Fax 610-691-5423

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