

MILLER-KEYSTONE BLOOD CENTER

Parent's Permission Slip

Please print name

I give _____

Permission to participate in the _____
(school's name)

High School Blood Drive by regularly donating blood and
helping save lives in our community.

Parent/Guardian

Date



**MILLER-KEYSTONE
BLOOD CENTER**

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