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DON BOSCO SCHOOL

ALAKNANDA, NEW DELHI - 110 019
(ISO 9001 : 2000 (QMS) & ISO 14001 : 1996 (EMS) Certified)

Circular No.BV/17-18/06

21.10.2017

Share a little, care a little - Donate Blood

Dear Parents / Guardians,

With immense pleasure and pride we would like to inform you that Don Bosco School is organizing a Blood Donation Camp on Saturday, 28th October, 2017 from 08.30 a.m. to 01.30 p.m. in association with Don Bosco Alumni and Rotary Club. We cordially invite all of you to join your hands for this noble cause.

The donors who participate in this event will be offered:

- A Donor Card, which will be valid for One Year (Beneficiaries of Donor Card would be Self/ parents / spouse / children and first blood relation.
- Reports on HIV, HCV, HBV / HBsAg / Malaria / Syphilis
- Blood Grouping Details
- Souvenir / Memento

The donors shall fulfill the following requirements prior to donating blood.

1. The donor should be in the age group of 18 to 65 years.
2. The donor's weight should be more than 45 kg.
3. Temperature and pulse of the donor should be normal.
4. The systolic and diastolic blood pressure should be within normal limits without medication.
5. Hemoglobin should not be less than 12.5 grams
6. The donor should be free from acute respiratory diseases.
7. The donor should not have donated blood within last 3 months.
8. The donor should feel healthy and fit.
9. The donor should not come in empty stomach.
10. No alcohol intake in last 24 hours.
11. Donor must wear loose sleeve clothes.

Please fill in the Consent Form attached and return it to the school by Wednesday, 25th October, 2017.

Yours sincerely,

Fr. Babu Varghese SDB
Principal

CONSENT FORM

I would like to express my sincere gratitude to Don Bosco School and its Management for collaborating with the Rotary Club in organizing such a noble event. With much enthusiasm and wholeheartedness, I would like to become part of this event. The details of the donors are given below:

S. NO.	NAME OF THE DONOR	RELATION	SIGNATURE
1.			
2.			
3.			
4.			
5.			

NAME OF THE STUDENT:

CLASS AND SECTION:

ADDRESS:

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MOBILE NUMBER: