



FOUNDED 1900

THE ENGLISH SCHOOL  
A SECOND CENTURY OF EXCELLENCE

**For the attention:**

Parents and Guardians of Year 6 and 7 students

27<sup>th</sup> November, 2019

**BLOOD DONATION**

Dear Parents/Guardians,

Blood Donation has been a traditional activity of The English School for many years. As the School encourages the students to be involved in community service in general, our students have been participating with great enthusiasm in this programme, taking part in a very ambitious scheme which aims to cover all blood needs of Cyprus on a voluntary basis.

This year's Blood Donation will take place on **Friday, 6<sup>th</sup> December, 2019** in Years' 6 and 7 Centre, starting at 8.30 a.m.

Once again we would also like to invite staff, parents, Board members, Old Boys and Girls to join this very important school activity. Those interested may contact the Main Office tel. 22799304. Come at any time it is convenient and priority will be given to you in order to facilitate your day programme.

All students who are 17 and over and are interested in donating blood please fill in the below permission form. Due to the fact the Blood Donation is taking place on school grounds **ALL** students must have a signed permission form by their parents/ guardians, even if they are over 18 years old. The forms should be returned, to any member of the relevant Committee and to the Main Office by **Wednesday, 4<sup>th</sup> December, 2019** at the latest.

Diagnostic tests will be done on all donors before giving blood.

**All volunteers should bring their identity card with them. Previous blood donors should remember to bring their relevant cards with them. A permission form is also needed for those who already have a card.**

On the day of the event volunteers must make sure that they have had some breakfast.

Yours sincerely,

David Lambon  
Headmaster

Ioanna Nicolaou  
Teacher in-charge

PERMISSION FORM

To: The English School, Nicosia

Name: .....

Class: .....

Age: .....

Identity card number: .....

I am willing to be a Blood Donor.

Date: .....

Signed: .....

Approved by Parent/Guardian: .....

