

## **BLOOD TYPING PERMISSION SLIP**

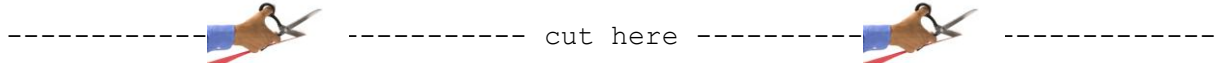
Dear Parent or Guardian,

We in the Anatomy and Physiology class at Marine City High School are learning about the components of blood and the various possibilities of human blood type. Due to an interest in discovering their own blood type, we will be having a lab activity in which the students will have the opportunity to perform their own blood type test. The activity is strictly **voluntary** and will be done so utilizing sterile techniques.

If you have any questions feel free to contact me at either pdimmer@ecsd.us or at 810-676-1948.

Thank you,

Mr. Paul Dimmer  
Science Teacher  
Marine City High School



Student Name \_\_\_\_\_ Birth date \_\_\_\_\_  
(please print)

Both my child and I have read the letter and he/she **will participate** in the scheduled blood typing activity.

Student signature \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_