

瑪利諾神父教會學校

Tel : (852) 2777 5117

Fax : (852) 2778 5871

Email: mail@mfs.edu.hk



Maryknoll Fathers' School

2 To Yuen Street

Tai Hang Tung

Kowloon, Hong Kong

Circular No.: G008/2627

“Red Cross High School Blood Drive”

4th September, 2026

Dear Parents/ Guardians:

Both parents and senior students have been invited to give the gift of life by donating blood at the school blood drive on 2nd October 2026, Friday. It is coordinated and supervised by the Hong Kong Red Cross Blood Transfusion Service. We hope parents and senior students will participate in blood donation and the quota of blood donors is 50. Please find the details below.

Event:	Blood Drive	Target:	F5 – F6 students and parents
Date:	2/10/2026 (Friday)	TIC:	Ms Tung Yee Man
Time:	9:00 a.m. – 4:00 p.m.		
Activity Venue:	School Hall		
Note:	Students must be at least 16 years old and be in good general health. Donors aged between sixteen and seventeen must obtain parental consent. Parental consent is not necessary for donors aged 18 and over.		

If you have any questions about blood donation requirements, please refer to the webpage of Hong Kong Red Cross Blood Transfusion Service.

Frequently Asked Questions



Online Eligibility Test



Please reply to the eNotice no later than 25th September 2026. Should you have any enquiries, please contact Ms Tung at 2777 5117.

Yours faithfully,



Mr. Yuen Cheung Oi
Principal

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Reply Slip

Student Name: _____ Class: _____ Student Number: _____

I acknowledge the arrangements for the Blood Drive and:

For parents/guardians:

☐ I, parent/guardian, **will** participate in Red Cross High School Blood Drive.

Preferred time slot: ☐ 9:00-10:00am ☐ 10:00-11:00am ☐ 11:00-12:00pm

☐ 1:45-2:45pm ☐ 2:45-3:45pm

My contact no.: _____

☐ I, parent/guardian, **do not** participate in Red Cross High School Blood Drive.

For students:

☐ I **give** my consent for my child to participate in the Blood Drive. My Child aged between 16 and 17, a parent consent form is needed.

☐ I **give** my consent for my child to participate in the Blood Drive. My Child aged 18 or above.

☐ I **do not give** my consent for my child to participate in the Blood Drive.

(Please indicate with a ✓ in the box if applicable.)

Parent's Signature: _____

Parent's Name: _____

Contact Number: _____

Date: _____

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敬啟者：

紅十字會捐血日

為培育學生樂於助人的精神，本校積極響應紅十字會的呼籲，舉辦校園捐血日活動。本校邀請了香港紅十字會於 2026 年 10 月 2 日(星期五)蒞臨本校舉辦捐血日。學生家長及年滿 16 歲或以上的學生，身體健康和血液測試符合捐血，皆可參加是項活動，名額 50 人。活動詳情如下：

活動:	紅十字會捐血日	對象:	中五至中六學生和家長
日期:	2/10/2026 (星期五)	負責老師:	Ms Tung Yee Man
時間:	上午 9:00 – 下午 4:00		
活動地點:	禮堂		
備註:	參加學生年齡介乎 16 至 17 歲，必須簽署家長/監護人同意捐血同意書，並交回班主任。已年滿 18 歲或以上的捐血者無須家長同意書。所有捐血者須帶備身份證明文件參加捐血。		

如對捐血條件有任何疑問，可參考香港紅十字會輸血服務中心的網頁。

常見問題



(網上)是否適宜捐血測試



請 台端於 2026 年 9 月 25 日或以前回覆電子回條。如有任何查詢，可致電 2777 5117 與本校董綺雯老師聯絡。

此致

各位家長 / 監護人



瑪利諾神父教會學校校長



阮章凱 謹啟

二零二六年九月四日

瑪利諾神父教會學校

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敬覆者：

「紅十字會捐血日」

回條

學生姓名: _____ 班別: _____ 學號: _____

本人已細閱 貴校發出之紅十字捐血日通告，茲回覆如下：

家長 / 監護人：

☐ 本人會參加紅十字會捐血日。

☐ 參與時段：☐上午 9:00-10:00 ☐上午 10:00-11:00 ☐上午 11:00-12:00

☐下午 1:45-2:45 ☐下午 2:45-3:45

☐ 本人的聯絡電話：_____

☐ 本人不會參加紅十字會捐血日。

學生：

☐ 本人同意敝子弟參加捐血日。敝子弟年介 16-17 歲，需要家長/監護人同意捐血同意書。

☐ 本人同意敝子弟參加捐血日。敝子弟已年滿 18 歲。

☐ 本人不同意敝子弟參加捐血日。

(請在適用的方格內打勾✓)

此覆

瑪利諾神父教會學校校長

家長 / 監護人

謹啟

二零二六年 月 日