

LIFE SAVERS FORM

SHARE YOUR DECISION ABOUT DONATION WITH AT LEAST ONE ADULT
THAT LIVES WITH YOU — BECAUSE THE CONVERSATION MATTERS!

MY DECISION TO BE A DONOR IS: ☐ YES ☐ NO ☐ UNDECIDED (CHECK ONE)

I HAVE SHARED MY DECISION REGARDING ORGAN, EYE & TISSUE DONATION WITH ONE ADULT THAT I LIVE WITH.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

EMPOWERING TEENS TO COMMUNICATE THE VALUE OF ORGAN, EYE & TISSUE DONATION



LIFE SAVERS



Organ &
tissue
donation
Share your
decision

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