

USE OF SCHOOL FACILITIES FOR BLOOD DRIVES

The use of the facilities of the Patchogue-Medford School District by individuals or community organizations for the purpose of conducting blood drives is recognized by the Board of Education as providing an important community benefit. Such use shall be subject to appropriate state laws, regulations of the New York State Commissioner of Education, and policies of the Board of Education. The use of facilities shall be granted at times when the regular school day is not in session.

Application Procedure

Requests for the use of school buildings by an individual or an organization wishing to use school facilities to conduct a blood drive are to be initiated with the building principal who will process such requests with the Office of Plants and Facilities. Such application shall be made utilizing the online facilities use program and shall be submitted at least eight (8) weeks in advance of the event so as to allow the District sufficient time for proper processing and approval by the Board of Education.

Requests for the use of school facilities submitted by an individual or an organization for the purpose of conducting a blood drive will be presented to the Board of Education by the Assistant Superintendent for Business or designee, and each request must receive the advance approval of the Board of Education before it is held. The Board of Education's approval shall be limited to authorizing the use of school facilities by various individuals and organizations. The Board of Education's acceptance of an application for a blood drive is not to be construed as an endorsement of any individual's or organization's purpose or activity. Accordingly, the District, its employees, and its Board of Education members, individually, will not assume responsibility or liability for any actions or claims which may arise from a blood drive.

Statement of Release

When approval is given by the Board of Education, such approval is conditional upon each sponsoring individual or organization obtaining and filing with the Business Office a signed Schedule C form (attached) from each potential blood donor waiving any and all claims which the donor, or the donor's representative, or any other person associated with the blood drive activity, or any such person's representative, may have against the District and its employees and Board of Education members, individually, arising from the blood drive activities. Release forms shall be delivered to the Business Office by the sponsoring individual or organization within two (2) business days following the blood drive. A sponsor's failure to comply with this requirement shall nullify the Board of Education's approval for the use of school facilities by such sponsor. A copy of "Sponsor's Statement of Understanding," "Release by Agent, Employee, Contractor or Representative of Organization Sponsoring a Blood Drive," and "Release by Blood Donor" are annexed to this policy as Schedule A, Schedule B and Schedule C, respectively.

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Liability Insurance

Because it is in the public interest for the Board of Education to protect the District against financial loss, liability insurance will be required for individuals or groups who use school facilities for the purpose of conducting blood drives. Before the Board of Education considers a request the individuals and organizations shall attach a certificate of insurance to the application requesting the use of a District-owned facility or an outdoor site. The face amount of the insurance certificate must be, at a minimum, equal to \$1,000,000.00 per occurrence/\$2,000,000.00 aggregate to save the District, its employees, agents, and volunteers harmless from all liability, property damage, personal injuries and/or medical expenses. In addition, the certificate of insurance shall contain the following provisions:

Auto Liability	\$1,000,000
Umbrella/Excess	\$3,000,000 each occurrence and aggregate

The District will exercise complete and unreviewable discretion regarding what constitutes adequate insurance coverage for each proposed use.

Adopted:

April 15, 2013

Revised:

October 24, 2016

Revised:

August 27, 2018

Revised:

May 20, 2019

Revised:

August 26, 2019

Reviewed:

August 24, 2020

Revised:

October 18, 2021

Reviewed:

August 29, 2022

Reviewed:

October 23, 2023

Revised:

October 28, 2024

Reviewed:

August 18, 2025

USE OF SCHOOL FACILITIES FOR BLOOD DRIVES

USE OF SCHOOL FACILITIES
Schedule A – Sponsor’s Statement of Understanding

TO: Patchogue-Medford Union Free School District
Business Office
Administrative Center
241 South Ocean Avenue
Patchogue, New York 11772

(To be Attached to Application for Use of
School Buildings or School Grounds for the
Purpose of Conducting a Blood Drive)

Date _____

The attached application for use of _____
(Name of School Facility Requested)

is submitted in accordance with, and with full knowledge of, the rules of the Board of Education with respect to the use of school buildings and grounds, and in accordance with, and with full knowledge of, Section 414 of the New York State Education Law.

The applicant hereby undertakes complete responsibility for the supervision and welfare of all persons participating in the blood drive, whether a donor of blood or an agent, employee, contractor, or representative of the sponsoring organization, conducted on school premises, and this liability and responsibility attaches both with respect to all persons arriving on school grounds and all those remaining on school grounds later than the actual time set aside for the use.

Applicant hereby agrees to save the Patchogue-Medford School District and its employees and Board of Education members, individually, harmless from any claims made by any persons for loss or damage allegedly occurring as the result of the blood drive activities. This means that the applicant will pay for the legal defense that the Patchogue-Medford School District may be called upon to institute, and will reimburse the Patchogue-Medford School District for any loss or damage occurring to it, with the result that the Patchogue-Medford School District shall be free of any expense of any kind as the result of approving this application.

Applicant further understands that should this request be approved by the Patchogue-Medford Board of Education, such approval shall be conditional upon the applicant obtaining for

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Schedule A – Sponsor’s Statement of Understanding

and filing with the Patchogue-Medford School District a signed statement from each potential blood donor and all other persons associated with the blood drive operations waiving any and all claims which the donor, or the donor's representative, or any other person associated with the blood drive activities, or any such person's representative, may have against the Patchogue-Medford School District and its employees and Board of Education members, individually, arising from the blood drive activities. All release forms shall be submitted to the Business Office by the sponsoring individual or organization within two (2) business day following the blood drive. **A sponsoring individual's or organization's failure to comply with this requirement shall operate to nullify the Patchogue-Medford Board of Education's approval for the use of school facilities for such individual or group.** Sponsors may obtain release forms from the Business Office.

I certify that as the officially-designated officer of the applicant organization, I have authority to sign all forms and agreements, including this one, and that my signature indicates full understanding of the significant obligations assumed when using school facilities or school grounds.

Signature of person to whom permit will
be issued

Name (Printed)

Title

Name and address of organization:

Telephone Number _____

Subscribed and sworn to
before me this
____ day of _____
20__.

(Notary Public)

USE OF SCHOOL FACILITIES FOR BLOOD DRIVES – Schedule B
Release By Agent, Employee, Contractor or Representative of Organization Sponsoring a
Blood Drive

TO: Patchogue-Medford Union Free School District
Business Office
Administrative Center
241 South Ocean Avenue
Patchogue, New York 11772

I, _____, recognize that the Patchogue-Medford
(Print full name)

Union Free School District is not a sponsor or in any manner responsible for the conducting of the
blood drive sponsored by _____.
(print name of sponsoring organization)

I further recognize that the Patchogue-Medford Union Free School District has merely permitted
the use of its school facilities as a community service.

Accordingly, I release and discharge the Patchogue-Medford Union Free School District, its
agents, employees, administrators, and Board of Education members, individually, from any and
all claims and actions that I, or my estate, may have arising out of or resulting from my
participation as an agent, employee, contractor, or representative of the organization sponsoring a
blood drive conducted at a Patchogue-Medford school facility.

Dated: _____

Signature

Address (Please print)

(Please print full name)

(Please specify relationship to
sponsoring organization)

USE OF SCHOOL FACILITIES FOR BLOOD DRIVES
Schedule C – Release by Blood Donor

TO: Patchogue-Medford Union Free School District
Business Office
Administrative Center
241 South Ocean Avenue
Patchogue, New York 11772

I, _____, recognize that the Patchogue-Medford
(Print full name)

Union Free School District is not a sponsor or in any manner responsible for the conducting of the
blood drive sponsored by _____.
(print name of sponsoring organization)

I further recognize that the Patchogue-Medford Union Free School District has merely permitted
the use of its school facilities as a community service.

Accordingly, I release and discharge the Patchogue-Medford Union Free School District, its
agents, employees, administrators, and Board of Education members, individually, from any and
all claims and actions that I, or my estate, may have arising out of or resulting from my
participation as a contributor of blood at a blood drive conducted at a Patchogue-Medford school
facility.

Dated: _____

Donor's Signature: _____

Donor's Address: _____
(Please print)

Donor's Name: _____
(Please print full name)

Parent's or Guardian's Signature (if donor is less
than 18 years of age.)

(Please print Parent's or Guardian's full name)

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Schedule C – Release by Blood Donor