

Parental Consent for Blood Donation

This form is required for blood donation by 16-year-old donors.

Please print in ink.

Minor's Name (print)	Date of Birth:	Unit Number:
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Dear Parent and/or Guardian,

Your child has expressed an interest in donating whole blood or using automated technology to maximize their donation.

State law requires written consent by a parent or guardian for 16-year-olds to donate blood. Sixteen-year-olds must also meet other blood donation requirements before donating. Please be assured that every blood donor is thoroughly evaluated prior to donation to ensure that they meet these requirements.

Giving blood is safe, easy and rewarding. Complications like fainting and bruising sometimes occur, but are not frequent. More serious complications such as nerve or artery injury from the needle are rare but may occur. Additional side effects, when blood is drawn with automated technology, may include an unpleasant taste in the mouth, tingling of the lips and/or fingers, and symptoms of allergic reaction, such as hives.

A photo ID and proof of age are required for high school donors.

Steps to the donation process include:

1. **Medical Evaluation** – ensures safety for both the blood donor and recipient. Self-administered questions will pre-qualify a potential donor. A short physical exam will record blood pressure, pulse, temperature and hemoglobin (iron) levels.
2. **Blood Collection** – Blood center staff will use only sterile, disposable equipment to draw blood. After the procedure is complete, the arm will be cleaned and bandaged.
3. **Refreshment and Relaxation** – After donation, donors are asked to spend 10 – 15 minutes in the refreshment area. Snacks and drinks are provided to replenish fluid and energy levels.

Please note: To help prepare for donation, donors should eat a meal before donating and drink plenty of fluids 2 to 3 days prior to donating.

If you have any questions or concerns about blood donation, please contact our Medical Affairs Office hotline at (201) 444-1326 or visit our website at www.communitybloodservices.org for additional information on blood donation.

Parent / Legal Guardian: Please complete this section and sign in ink.

I understand that my child will be notified by mail of positive test result(s) and for follow-up testing, if necessary. Additionally, if blood tests reveal evidence of reportable infectious disease, I understand that the blood center may inform the appropriate government agencies and anyone else required by law.

I have read and understand the information provided on this form about blood donation. I give my consent for my minor child, who is 16 years of age, to donate his/her blood or blood components to Community Blood Services.

Signature of Parent/Guardian: _____

Date: _____

Print Name: _____