

Parental Consent Form

Your child has expressed an interest in donating blood. Because one blood donation can be separated into three components, your child has the potential to support three lives. We hope you will support and encourage your child's decision to donate. Blood donation is a safe procedure using single-use, sterile supplies. Donors with no history of medical problems usually have no adverse reactions to donating blood. On occasion, there are donors who experience mild to moderate side effects, including pain, bruising, nerve injury, light-headedness or fainting, which can occur during or shortly after donation. Rarely, fainting reactions can be delayed and occur after leaving the donation area or facility. Frequent red blood cell donation may also result in low iron levels or iron deficiency. Drinking plenty of fluids and eating well prior to donation may reduce these effects, so please encourage your child to eat a healthy breakfast and lunch and to drink extra water and non-caffeinated fluids before they donate.

You may have questions regarding whether your child should donate. Donors must be at least 16 years of age on the date of the donation, weigh at least 110 pounds and not have any symptoms of the cold or flu. There are other guidelines to be eligible to donate. **If you wish to discuss donor eligibility, please call the Medical Help Desk at 1-800-310-9556.**

Your child may be eligible to donate a double unit of packed red blood cells using an automated procedure where blood is collected and sent to a machine that keeps the red blood cells only and then returns platelets, plasma and normal saline to the donor. Donors who donate using the automated collection machine may experience significantly fewer side effects than donating whole blood.

Every donation is tested for HIV (the virus that causes AIDS), hepatitis B and C viruses, and other infectious diseases. If any test result disqualifies your child from future donation, we will communicate directly with your child and address any follow-up questions directly with her/him. We maintain the confidentiality of information that we obtain about our donors, and we will release a donor's confidential information to her or his parents only with the donor's consent.

This is a legal document required to allow your child to donate blood. Please complete this form in ink and give it to your child who must present it when he or she registers to donate. Sixteen or 17-year-olds may not donate without a signed Parent/Guardian Consent Form. In addition to this consent form, your child will need to bring documentation that includes full name, date of birth and a unique identifying number, such as the last four digits of his/her social security number or other ID such as school ID, driver's license, state ID, U.S. passport or birth certificate.

Your child will be asked to read and sign the following Donor Informed Written Consent prior to donating blood. For packed red cell donation, your child will also be asked to sign a separate consent.

DONOR INFORMED WRITTEN CONSENT

I am voluntarily donating my blood to the Blood Center for transfusion and other medical and scientific purposes including research studies. In doing so, I hereby give my informed consent to perform the procedures necessary to collect and test my blood. I understand that trained personnel will insert a needle into my arm to collect blood. I am aware that as a result of the procedure, complications such as infection, nerve damage, muscle damage, hematomas and other forms of injury could occur. I am willing to undergo the risks involved in this procedure in order to donate my blood. I am aware that my blood will be tested for diseases that could be transmitted through a blood transfusion. I am aware that the test results will be recorded. If the results are positive or questionable and could present a risk to my health, I will be notified and my name will be placed on a permanent deferral list. My test results will be reported to health agencies as required by law. I understand that in some instances, such as when an insufficient sample is taken, testing for infectious disease is not possible. As a result, the unit of blood is discarded. I should not assume that my test results are negative, since testing cannot always be performed. I know or have been told that my blood will be tested for the presence of the Human Immunodeficiency Virus (HIV), the virus that causes AIDS. The tests have been explained to me, including their purposes, potential uses, limitations and the meaning of the results. I specifically consent to the performance of HIV-related testing. Information has been given to me about the prevention, exposure to and spread of HIV. I have also received information regarding the spread of HIV by the transfusion of blood and blood products. I verify that to my knowledge the use of my blood does not present a risk for the spread of any infectious disease, including AIDS. I have been given the opportunity to ask questions and all the questions that I have asked have been answered to my satisfaction. I have read the above statements.

(The bottom section of this form MUST be accurate and completed in INK)

I understand that my son/daughter must bring this signed parental consent form and appropriate identification to the blood drive.

I HAVE LEGAL AUTHORITY AND I CONSENT TO MY CHILD'S BLOOD DONATION.

(Print in ink Parent/Guardian Name)

(Sign in ink Parent/Guardian name)

(Date)

16 or 17-YEAR-OLD DONOR INFORMATION:

Child's Full Legal Name: _____

Child's Date of Birth: _____