

Blood Donor Parental Consent

I have read and understand the information below and I _____
(Print Parent/Guardian Name)

give my consent for _____ to donate blood.
(Print Donor Name)

My child (donor) is _____ years old.

I understand that my child (donor) must present this consent form at the time of donation in order to be eligible to donate. I agree that my child (donor) is at least 16 years of age.

Parent/Guardian Signature _____ Date _____

Donor Signature _____ Donor Date of Birth _____

1. This consent form will remain in place until the child turns 17 years of age.
2. The child (donor) will go through a health history to determine their eligibility. This includes questions, blood pressure, pulse and hemoglobin (iron) test.
3. The child (donor) will be asked to read and sign an additional informed consent at the time of donation.
4. During donation, some donors may feel light-headed or nauseous, and a few even faint. After donation occurs, donors occasionally experience pain or bruising of the arm, an allergic reaction to the germicidal scrub, light-headedness, fainting or rapid heartbeat. In very rare instances, donors may experience damage to a nerve or local infection.
5. All donors are tested for a series of infectious diseases including Hepatitis B, Hepatitis C, and HIV/AIDS. In the remote event that the child (donor) has a positive test result, he/she will be notified directly according to federal guidelines which apply to all donors regardless of age.
6. In accordance with AABB recommendations, the donor will be offered iron supplements.

