Blood Donor
Parent/Guardian Consent Form

LIFELINE BLOOD SERVICES

Important Reminder

The completed permission form must be presented before donating.

Your child has expressed an interest in donating blood. It is a requirement that donors under the age of 18 provide written permission from a parent or guardian. Please read the following information. If you have any questions, please feel free to call 1-800-924-6572 or 427-4431 and ask for Donor Services.

Important information about donating blood:

Blood donors must be in good health, at least 17 years old, weigh at least 110 pounds and have a picture ID. Donors will have to answer a series of very personal questions about their sexual activity, use of drugs, medications that they are taking, travel outside the US, and questions that promote a safe donation and safe blood for the patient.

Donating blood is a safe and simple process. Most people experience no reaction after donating blood, but reactions do occur. Most reactions are mild and commonly include bruising, dizziness, fainting and nausea. To reduce the chance of these reactions, we recommend that your student follow these guidelines:

- ***Get a good night's sleep before the blood drive.***
- ***Eat well and drink plenty of fluids the day before the drive.***
- ***Eat within 4 hours before donating blood***
- ***Drink at least 16 oz of caffeine free fluid 2-3 hours before donating.***
- ***Be honest about your weight (you must weigh at least 110 lbs to give blood)***

Donated blood is tested for infections that can be transmitted by transfusion. These include HIV, hepatitis, syphilis, and other relevant transfusion-transmitted infections. Your child will be notified if positive results are found and may be contacted for follow-up testing. Occasionally blood is tested using research tests being developed for blood donor screening. A separate explanation is provided when we are doing this kind of research.

We hope that you support your child's decision to donate blood. They are showing civic responsibility, maturity and a sense of community pride by donating blood.

Please use ink to complete this form.

Name of Student: _____

Date of Birth: _____

Age of Donor: _____

- The minor listed above is at least 17 years old.
- I have read and understand the information provided to me about blood donation.
- I understand that the minor listed above will answer confidential questions regarding their health history.
- I understand that all donated blood is tested for ABO blood typing, syphilis, HIV and other blood borne diseases.
- I understand that positive test results will be disclosed as authorized by law, and the donor will be notified.
- I give my permission for the minor listed above to make a voluntary, uncompensated donation of blood to LIFELINE Blood Services

X_____ _____ _____

Signature of Parent/Guardian | Print Name | Date

Telephone number where Parent/Guardian can be reached: _____