

## Parent/Guardian Consent Form

Your child has expressed interest in donating blood, and students will be requested to donate 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, lightheadedness 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 or 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 Vitalant at 877.258.4825, option 1 for English/option 2 for Spanish, then option 2 for our Medical Help Desk.**

Your child may be eligible to donate a double unit of packed red blood cells by 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 them. We maintain the confidentiality of information that we obtain about our donors, and we will release a donor's confidential information to his or her 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 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, for example: the last four digits of his/her social security number, or other ID such as school ID, Driver's License, State ID, US Passport, or birth certificate.

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

### Donor Acknowledgement and Consent

I am voluntarily donating my blood for transfusion, further manufacturing 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 some tests may be unlicensed or used for research purposes. I understand that trained personnel will insert a needle into my arm to collect my blood. I am aware that, as a result of the procedure, complications such as infection, pain, bruising, nerve injury, light-headedness or fainting may occur during or shortly after donation. Rarely, faint reactions can be delayed and occur after leaving the donation area or facility. Donating blood frequently may also result in low iron levels or iron deficiency. I am willing to undergo these risks involved in this procedure in order that I may donate my blood. I read the donor educational materials and understand that my blood will be tested for relevant transfusion related infectious 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, I will be notified of the reason for the deferral and its duration. My test results will be reported to health agencies as required by law. I understand that if I am deemed ineligible to donate, my name will be placed on a deferral list. 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 prevention, exposure to, and the spread of HIV. I have also received information regarding the spread of HIV by 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 understand that I SHOULD NOT DONATE blood if I am at risk for HIV/AIDS or hepatitis. If I consider myself to be a person at risk for spreading the virus known to cause AIDS, or other infectious diseases, I agree not to donate blood or other blood products for transfusion to another person or for further manufacture. 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 understand the risks associated with donating blood and have been given the opportunity to ask questions. All the questions that I asked have been answered to my satisfaction. I should remain in the designated waiting area for at least 15 minutes following the completion of my donation, and follow the post-donation instructions given to me. I understand that I can withdraw from the procedure at any time.

**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-YEAR-OLD DONOR INFORMATION:

Child's Full Legal Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_