

Dear Parent or Guardian,

**Your teenager has the opportunity to donate blood at McNicholas High School on February 2 with Hoxworth Blood Center.** Students who donate play a significant role in supporting patients at the many local hospitals served by Hoxworth.

**Blood donation is one important step a student can take** toward adulthood and civic responsibility. We are asking for your support to allow your teenager to experience the satisfaction of providing a valuable community service in which the end result is, quite literally, the saving of another person's life. Depending on specific needs in the community, your teenager may be asked to do an automated donation. For additional information for new blood donors, visit <https://hoxworth.org/donors/types-of-donations/red-cell.html>.

**Donating blood is safe and easy.** Donors must be at least 16-years-old, use their legal name, and comply with the Eligibility Requirements Chart in regard to height and weight and be in general good health.\* **All 16 year-old donors must have a parental consent signed in black or blue ink.** (Parental consent is not required for 17-year-olds\*\*) The attached consent form is to obtain your written consent. Written consent must be obtained prior to each time a 16-year-old donates blood. We will have your teenager read and sign the following donor consent the day of donation:

*I have read and understand the Blood Donor Educational Materials and the Medication Deferral List and answered the questions truthfully to the best of my knowledge. I agree not to donate blood or plasma to be given to others if I am at risk for spreading an infectious disease, including AIDS. I understand that 1) tests including those for the AIDS viruses (HIV-1 and -2), hepatitis, other transfusion-transmitted infections, and syphilis will be performed on a sample of my blood; 2) I will be notified if any of these tests is abnormal and my name placed on a deferral list; 3) if a test result is either positive or unclear, my blood will not be used; 4) if my name is placed on a deferral list, I will be informed of the reason for and length of the deferral. Risk of donation can include those related to the needle-stick (tenderness, bruising, bleeding, nerve damage, and/or infection) or anemia due to iron loss. I understand that staff are available to answer questions about the donation process and that I can withdraw from the donation procedure at any time. I understand that my sample may be selected for sickle hemoglobin testing, extensive blood typing (possibly by DNA) and antibody detection or identification to aid in selection of blood for transfusion. Test result information is considered confidential and will not be released without my written permission or appropriate legal process. Hoxworth will report the name of a donor with certain positive tests, including HIV tests, to the appropriate state and local agencies as required by law. Under some circumstances, testing may not be completed. ABO and Rh typing results may be used in future donor recruitment. I voluntarily donate my blood to use as decided by Hoxworth Blood Center, including retention of a frozen sample.*

**Although rare, donors may experience an adverse reaction during blood collection or within a few hours afterward.** Common symptoms may include dizziness, fainting and bruising at the phlebotomy site. Should your son/daughter experience any adverse reaction, we ask that they return to the blood drive for immediate attention while we are still at the site, or call Hoxworth Donor Services at 513-558-1304 (or toll free: 800-265-1515, press "2" then press "4"). Please encourage your child to drink extra fluids and avoid strenuous activity to help alleviate any post-donation complications. You may call Donor Services at the above phone numbers for additional pre-donation information or after-care instructions.

###

\*The Eligibility Requirement Chart for donors ages 16-18 is on page 2.

\*\*A description of Ohio, Indiana and Kentucky state laws regarding high school blood donation is on page 2.

\*\*\*Any abnormal test results for 16-year-old donors will be provided to the parent or guardian signing the consent form.

## State Legislation for Blood Donor Age Guidelines

### Ohio Revised Code 2108.31 (amended)

Any person seventeen years of age or older may, without consent of the person's parent or guardian, donate blood in a voluntary blood program, that is not operated for profit. Any person sixteen years of age but less than seventeen years of age may, with consent of the person's parent or guardian, donate blood in a voluntary blood program that is not operated for profit. Before obtaining blood donations from students at high schools, joint vocational schools, or technical schools, a blood program shall arrange for the dissemination of written donation information to students to be shared with their parents or guardians. This information shall include a statement that students will be requested to donate blood.

### Kentucky Revised Statute Chapter 214.468 (amended)

Any person seventeen (17) years of age or older may donate blood in a voluntary blood program, which is not operated for profit, without the consent of the person's parent or legally-authorized representative. Any person sixteen (16) years of age and weighing at least one hundred ten (110) pounds may donate blood in a voluntary blood program, which is not operated for profit, with the written consent of the person's parent or legally authorized representative. The parent or legally-authorized representative of a person who donates blood (17 or 16 year-olds) shall not be held financially responsible for any medical complications arising from the blood donation. Before soliciting blood donations from students in high schools, joint vocational schools, or technical schools, a blood program, in cooperation with school authorities, shall make reasonable efforts to notify the parents or legally-authorized representatives of the students that the students will be requested to donate blood.

### Indiana Code 16-36-1-3

A person at least seventeen (17) years of age is eligible to donate blood in a voluntary and non-compensatory blood program without obtaining parental permission.

A person who is sixteen (16) years of age is eligible to donate blood in a voluntary and non-compensatory blood program if the person has obtained written permission from the person's parent.

## Height and Weight Requirements

	Height								
	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"
Weight (pounds)									
110	N	N	M	M	M	M	M	M	E
115	N	M	M	M	M	M	M	E	E
120	M	M	M	M	M	M	E	E	E
124	M	M	M	M	M	E	E	E	E
129	M	M	M	M	E	E	E	E	E
133	M	M	M	E	E	E	E	E	E
138	M	M	E	E	E	E	E	E	E
142	M	E	E	E	E	E	E	E	E
146	E	E	E	E	E	E	E	E	E

**N** = Neither females nor males in this section of the chart are eligible to donate.  
**M** = Males in this section of the chart are eligible to donate. Females are not eligible.  
**E** = Everyone (female and male) in this section of the chart is eligible to donate.

**THE FOLLOWING CONSENT MUST BE COMPLETED IN ADVANCE AND PRESENTED ON THE DAY OF THE BLOOD DONATION.**

**PLEASE COMPLETE THIS CONSENT USING BLUE OR BLACK INK. FORMS COMPLETED IN PENCIL WILL NOT BE ACCEPTED**



PLEASE PRINT THE FOLLOWING INFORMATION

**Donor Information**

Donor Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

Student's last 4 digits of their SSN: \_\_\_\_\_ High School (if applicable): \_\_\_\_\_

*By signing this consent, I understand that abnormal results of laboratory testing will be provided to my parent or guardian (if age sixteen), and all appropriate state and local agencies as required by law (regardless of age).*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Donor City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Daytime/Cell Phone: \_\_\_\_\_

*By signing this document, I acknowledge that I am the parent or guardian of the student listed above. I also acknowledge that I have read and understand the information on the attached "Dear Parent" letter, acknowledge that additional information is available by phone or internet using the contact number and internet address provided, and hereby consent for this student to make a voluntary blood donation through Hoxworth Blood Center, University of Cincinnati \*. This consent includes submission to all tests, examinations and procedures customary in connection with the blood donation process, including the donor consent statement.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*A signed parental consent must be obtained prior to each time a sixteen year-old donor presents for donation.*

6-2722



**Our donors save lives.**