

## Sixteen-Year Old Blood Donor

# Parental Consent Form



Prepare to Donate: [www.donatefeelgreat.org](http://www.donatefeelgreat.org)

### Dear Parent/Guardian,

Your 16-year old has expressed interest in donating blood. Blood donors must be in good health, at least 16 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. Our blood center is a 501(c)3 not-for-profit organization that provides blood products to hospitals and patients in need.

Blood donation is a safe procedure using single-use sterile supplies. In whole blood donations, the blood is directly collected into a bag. In automated collections called apheresis, the blood goes into a machine that separates blood into needed components and returns what is not needed to the donor along with an anticoagulant and salt solution.

Reactions like fainting and bruising occur but are not frequent. More serious reactions and injuries, including brief seizure activity, nerve or artery injury from the needle, are uncommon. Apheresis side effects may include blood loss, air embolus, and tingling of the lips or limbs.

To prevent reactions during and after donation, your child should eat well, be well-rested, and drink extra fluids. We provide additional tips to prepare for blood donation at our high school donor web site, [www.donatefeelgreat.org](http://www.donatefeelgreat.org).

Donated blood is tested for infections that can be transmitted by transfusion. These include HIV (the virus that causes AIDS), hepatitis, syphilis, and others. Both you and your child will be notified if positive results are found and your child may be contacted for follow-up testing. Your child's

name may be entered in a registry of excluded donors in the event of a positive test result. All information and test results are confidential except where reporting to public health is required by law. 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.

The blood center may provide iron supplements to promote wellness for donors. Blood donation may impact iron levels, so taking an iron supplement or multi-vitamin that contains 18-38 mg of iron for 8 weeks can help replace the iron lost during blood donation. A healthcare provider should be consulted before taking supplements.

State law requires a written parental consent for all 16-year old donors for each blood donation. 16-year-olds cannot give blood without a signed parental consent form at each donation. Please complete the consent form provided at the bottom of this page. If you have any questions regarding your child's decision, please contact Director, Donor Services by calling (800) 747-5401.

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.

Thank you,

**Dr. Yasuko Erickson**  
*Chief Medical Officer*

Please fill out bottom half of this form and return only the portion below the dotted line, keep the top for your records.

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### I have read and fully understand the information regarding blood donation.

I give permission/consent for \_\_\_\_\_ to donate whole blood or to donate blood products by apheresis. (print child's legal name)

**I understand that both my child and I will be notified if my child receives a positive test result(s) and that my child may be contacted for follow-up testing. Personal contact information will be kept confidential and used by the blood center, volunteers or partner organizations obligated under organizational confidentiality policies working on behalf of the Blood Center for future contact. Contact may be made using phone numbers, including cellular phone numbers, email, and mailing address to follow up post donation, for eligibility and notification for future donations, blood center programs and events.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mississippi Valley Regional Blood Center | Central Illinois Community Blood Center | Community Blood Services of Illinois