

COMMUNITY
BLOOD SERVICES
102 CHESTNUT RIDGE ROAD, MONTVALE, NJ 07645

PARENTAL CONSENT FOR BLOOD DONATION

This form is required for blood donations by 16 and 17 year old donors.

Please print in ink.

Minor's Name (print)	Date of Birth:	Unit Number:
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Dear Parent and/or Guardian,

Your child has expressed an interest in donating blood.

All donors must also meet blood donation requirements before donating. Please be assured that every blood donor is thoroughly evaluated prior to donation to ensure that they meet these requirements.

Giving blood is safe, easy, and rewarding. Complications like fainting and bruising sometimes occur, but are not frequent. More serious complications such as nerve or artery injury from the needle are rare, but may occur. Additional side effects, when blood is drawn with automated technology, may include an unpleasant taste in the mouth, tingling of the lips and/or fingers, and symptoms of allergic reaction such as hives.

Our blood center is currently participating in research to improve blood safety. We may use your child's donor history information and a sample of their blood, in a confidential manner, for blood safety research, as described in the enclosed Use of Donor Information and Blood Samples in Research Information Sheet. We are required to get parental consent for both 16 and 17 year old donors for this research. For more information about this research or blood donation, go to www.communitybloodservices.org.

Steps To The Donation Process Include:

1. **Medical Evaluation** – Ensures safety for both the blood donor and recipient. Self-administered questions will pre-qualify a potential donor. A short physical exam will record blood pressure, pulse, temperature, and hemoglobin (iron) levels.
2. **Blood Collection** – A sterile, single use only needle and equipment is used to draw blood. After the procedure is complete, the arm will be cleaned and bandaged.
3. **Refreshment and Relaxation** – After donation, donors are asked to spend 10 – 15 minutes in the refreshment area. Snacks and drinks are provided to replenish fluid and energy levels.

Please Note: Donors should eat a meal and drink plenty of fluids prior to donating (*soda, coffee, and tea don't count!*).

If you have any questions or concerns about blood donation, please contact our Medical Affairs Department Hotline at (201) 389-0417 or visit our website at www.communitybloodservices.org for additional information on blood donation.

A photo ID and proof of age are required for high school donors. *Thank you* for your support of our community blood program and the patients who benefit.

Parent/Legal Guardian: Please complete this section after you and your child have read the information provided.

I understand that my child's blood will be tested for HIV/AIDS, Hepatitis, Syphilis and other infectious agents as required by regulations. All test results are confidential and may only be disclosed as authorized by law. I/my child will be notified by mail of positive test result(s) and follow-up testing, if necessary. *I have read and understand the information provided about blood donation. I give my permission for my minor child (16 or 17 years of age), to donate his/her blood and for testing as described above.*

Signature of Parent/Guardian: _____

Date: _____

Print Name: _____

