



Serving hospitals in Wisconsin and Michigan

Dear Parent/Guardian,

Your 16-year-old has expressed an interest in donating blood with the Community Blood Center. This commendable action displays not only a concern for the well-being of others, but a desire to make a positive difference in our community.

Working to meet state laws requiring parental/guardian consent for 16-year-old persons to give blood, the Community Blood Center requires parental permission prior to donation. We want to ensure that you are informed of your child's decision to donate blood, and appreciate your support of your child's community service. Permission will be kept for all future blood donations unless declined in writing.

As a blood donor, your child will fill out a health history form, receive a mini-physical, and donate blood or blood components. All supplies are sterile, used for only a single donor and then discarded. He/she will then receive post-donation instruction and nutrition. All donations are tested for syphilis, Hepatitis B and C, HIV and other viruses. Unexpected test results will be communicated to both the minor and their parent/guardian.

Donating blood and blood components is a safe, simple process. Possible side effects of donating may include: lightheadedness, nausea, fainting, soreness/bruising or nerve irritation at the needle site. Under rare circumstances there may be a need for medical treatment.

Student athletes should not give blood on the day of an athletic practice or event. However, if students are not participating in an athletic event or practice on the day of the blood drive, donating blood does not generally affect their athletic performance. This is true for a student athlete at any time during the season.

Please contact the Community Blood Center at (800) 280-4102 if you have any questions about the blood donation process. Thank you for your support!

Sincerely,

Andrea Michaud
Vice President Donor Relations and Operations

PERMISSION FOR 16-YEAR-OLD BLOOD DONATION



Donor's Name _____ has my permission to donate blood.

Donor's Date of Birth _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Daytime Phone _____ Evening Phone _____