



PERMISSION FOR 16-YEAR-OLD BLOOD DONATION

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 needed for each donation until 17 years of age.

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 only for a single donor, and then discarded. Your child will then receive post-donation instruction and nutrition. All donations are tested for syphilis, Hepatitis B and C, 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!

DONOR'S NAME _____ has my permission to donate blood.

DONOR'S DATE OF BIRTH:

PARENT/GUARDIAN SIGNATURE:

DATE:

PARENT/GUARDIAN NAME (PLEASE PRINT):

PARENT/GUARDIAN DAYTIME PHONE:

PARENT/GUARDIAN EVENING PHONE:

Permission for 16-Year-Old Consent
Revision Number: 4

Community Blood Center, Inc.
Appleton, WI 54914