



Blood Donor Parent/Guardian Permission Form

Your child has expressed an interest in donating blood. Because one blood donation can be separated into two components, your child has the potential to save two lives with a single donation. We hope that you support and encourage your child's decision to donate blood. He or she is showing civic responsibility, maturity and a sense of community pride by donating blood.

Permission by a parent or guardian is required for 16-year olds to donate blood. In addition, if donating at a high school blood drive, some schools require similar permission even for older students. If you give permission for your child to donate blood, please complete the form at the bottom of this page.

A photo or signature ID is required for all high school donors. Proof of age will be required for the first donation.

Donation Process

To determine if your child is eligible to donate, we will:

- Ask questions about health, travel, sexual activity and medications.
- Take your child's blood pressure and temperature.
- Take a small blood sample via a finger stick to ensure your child does not have a low hemoglobin level.

If your child is eligible to donate, we will:

- Cleanse the arm with an antiseptic.
- Use a new, sterile, disposable needle and set to collect the blood.

Possible Donation Complications

Most donors tolerate giving blood well, but on rare occasions, reactions and complications may occur. Examples of reactions and complications include anxiety; feeling warm or cold; nausea or vomiting; and dizziness or

fainting. Bruising, nerve injury, or infection may also occur at the needle site. Injuries from falls following dizziness or fainting occur on rare occasions. Automated technology: When blood is collected using automated technology, donors may experience tingling of the fingers and around the mouth that is caused by citrate, a substance used to keep blood from clotting in the machine. Infrequently, muscle spasms can also occur. Very rarely, a donor may develop decreased calcium levels (hypocalcemia) or an irregular heartbeat from citrate. Some products used in blood collection contain natural latex rubber which may cause allergic reactions. Our staff is trained to recognize and manage such adverse reactions.

In order to prevent complications: Drink plenty of fluids and eat well, including something salty. Also, get enough sleep the night before. Importantly, if your child starts to feel dizzy or faint after s/he donates, s/he should sit or lie down immediately until the feeling passes.

What Happens to the Donation

All blood donations are screened for several viruses and other blood borne diseases. Your child will be notified of this information. Donors with positive test results are placed on a deferral list and the blood is not used for treatment or care purposes. The names of donors whose blood tests positive are kept in confidential files. Positive test results for certain viruses are reported to health agencies as required by law. In some instances, such as when an insufficient amount of blood is collected, testing for infectious diseases may not be possible.

If you have any questions regarding your child's decision to donate, please call **1-800-688-0900**.

Please complete the bottom portion of this form and return only the bottom portion. Keep the top portion for your records.

Unit Number _____

Community Blood Center Administrative Offices: 4040 Main Street Kansas City, MO 64111

Please use ink to complete this form

I give permission for _____ my son/daughter or ward, to make a voluntary donation of blood to Community Blood Center

Community Blood Center will notify my 16-year old child if my child receives positive test result(s) for certain blood borne diseases and my child may be contacted for follow-up testing. If tests are confirmed positive for HIV, hepatitis or syphilis (or other diseases as may be required by law or regulation), my child's name will be reported to the Department of Health.

A signed permission form from a parent/guardian is required for each donation until the donor reaches the age of 17.

Parent/Guardian Name (print) _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ E-mail Address _____

Son/Daughter or Ward's Date of Birth _____

Signature of Parent/Guardian _____

I confirm that the permission given based on the above signature is that of my parent/legal guardian. I have read all information in this form.

Signature of Donor _____ Date _____