

**Community Blood Center of the Ozarks  
Parental Consent for Blood Donation**

**This form is required for blood donation by 16-year old donors**

Please print in ink.

Minor's Name (print)	Date of Birth
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Dear Parent and/or Guardian,  
Your child has expressed an interest in donating Whole Blood or Double Red Cells/Platelets using automated technology.

State law requires written consent by a parent or guardian for 16 year olds to donate. They must also meet other 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 occur, but are not frequent. More serious complications such as nerve or artery injury from the needle are rare. For blood drawn with automated technology, tubing sets may be subject to occasional failure which could result in loss of blood or the introduction of air into the tubing set. Additional side effects may include an unpleasant taste in the mouth, tingling of the lips and fingers, and allergic reaction including hives.

A photo ID and proof of age are required for first time High School donors.

Steps to the donation process include:

1. **Medical Evaluation** - ensures safety for both the blood donor and recipient. A series of self-administered questions will pre-qualify a potential donor. A short physical exam will record blood pressure, pulse, temperature and hemoglobin (iron) levels. All donor information is kept strictly confidential.
2. **Blood Collection** - Blood center staff will use only sterile, disposable equipment to draw blood. After the procedure is complete, the arm will be cleaned and bandaged.
3. **Refreshment and Relaxation** – after donation donors are instructed to spend 15 minutes in the refreshment area. Snacks and drinks are provided to replenish fluid and energy levels.

**Please note: To help prepare for donation, donors should eat a meal before donating and drink plenty of fluids 2 to 3 days prior to donating.**

If you have any questions or concerns about blood donation, please contact us at 1-800-280-5337 or visit our website at [www.cbco.org](http://www.cbco.org) for additional information on blood donation and the positive impact it has on patients all across the Ozarks.

**Parent/Legal Guardian:** Please complete this section and sign in ink

I understand that my child will be notified by mail of positive test result(s) and for follow-up testing if necessary. Additionally, if blood tests reveal evidence of reportable infectious disease, I understand that the blood center must inform the appropriate governmental agencies and anyone else required by law.

I have read and understood the information provided on this form about blood donation. I give my consent for my minor child, who is 16 years of age, to donate his/her blood or blood components to Community Blood Center of the Ozarks.

This signed consent is valid for one year or until child turns 17, unless canceled by written notice from parent or guardian.

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

Reproduce on white paper only

