

Shepard Community Blood Center

Parental Consent for Blood Donation



BLOOD DRIVE DATE/ DONATION DATE (PLEASE FILL
OUT ENTIRE FORM IN BLACK OR BLUE INK.)

DONATION LOCATION / SCHOOL NAME

STUDENT NAME (PLEASE PRINT)

STUDENT DATE OF BIRTH (MM/DD/YYYY)

Unit Number: (SCBC Use Only)

Dear Parent and/or Guardian:

Your child has expressed an interest in donating whole blood, or using automated technology to donate double red cells, platelets, or plasma. State law requires written consent by a parent or guardian for 16 year olds to donate blood at any location. Also, some schools require written parental/guardian consent to donate blood at school regardless of his/her age. Students 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 sometimes occur but are not frequent. More serious complications, such as nerve or artery injury from the needle, can occur but are rare. Additional side effects may occur when blood is drawn with automated technology, including an unpleasant taste in the mouth, tingling of the lips and/or fingers, and symptoms of allergic reaction such as hives.

Parent/Legal Guardian: Please use ink to complete this section and sign & date.

I understand that my child will be notified by mail of positive test results and for follow-up testing if necessary. Additionally, if blood tests reveal evidence of reportable infectious disease, I understand that the blood center may inform the appropriate governmental agencies and anyone else required by law. I have read and understand the information provided on this form about blood donation. I give my consent for my child, who is 16 years of age or older, to donate his/her blood or blood components to Shepard Community Blood Center.

All 16 year old donors must turn in a signed parental consent form each time that they donate at their High School and present a photo ID or a Shepard blood donor card.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian (Please Print)

THANK YOU SO MUCH! If you have any questions or concerns about blood donation, or if you would like additional information on blood donation and the positive impact it has on patients in local hospitals and the regional burn center supporting South Carolina and Georgia, please contact Shepard Community Blood Center at 706.737.4551 or visit our website at www.shepardblood.org.