

## Important Reminder

The completed permission form **must** be presented at the time of donation to be accepted.

### Blood Donor Parent/Guardian Permission Form

Your child has expressed an interest in donating blood. We hope 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 donation is a safe procedure using single use sterile supplies. **Blood can be donated two different ways: the traditional donation of whole blood and through automated technology. Automated technology has been around since 1996, has proven to be safe and a more effective way of collecting the right components from the right donor.** It is normally a pleasant experience, and drinking plenty of fluids and eating well prior to donation can reduce donor reactions. The donation process may occasionally cause nausea, vomiting, dizziness, fainting, tenderness, bruising, bleeding, nerve damage or even infection at the site.

State law allows 16 year olds to donate blood with written permission by a parent or guardian. In addition, if donating at a high school blood drive, some schools may require similar permission even for older students.\* If you give permission for your child to donate, please complete the permission form at the bottom of this page.

All blood donations are screened for several blood borne disease markers. Occasionally, investigational testing is done. In keeping with our confidentiality policy of releasing test results to the donor only, your

\* Persons 17 years of age or older may donate without permission of parent or guardian (unless required by your high school).

child—not you--will be notified if the donation tests positive for any of these disease markers.

If there is a positive test result, your child may be contacted for follow-up testing. Donors with a positive test may be placed on a deferral list, and their blood is not used for treatment or care purposes. State law requires that some positive testing be reported to the Virginia Department of Health. In some instances, such as when an insufficient amount of blood is collected, testing for infectious diseases may not be possible.

Post donation instructions:

- Your child needs to refrain from all exercise and sport activities including weight lifting for the remainder of the day.
- Your child needs to keep the bandage dry and on for 5 hours.
- Your child needs to increase fluid intake for 24 hours.

If you have questions regarding your child's decision, please call our Customer Service Advocate at 1-800-989-2201 or our Donor Advocate at 1-800-989-3666.

Please fill out form below and return only the form portion during donation. Keep the top for your records.



Unit number here

**Please use ink to complete this form.**

Name of Minor: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Having read and understood this entire form, I give permission for (Please print name) \_\_\_\_\_, my son/daughter or ward to make a voluntary, uncompensated donation of blood to Virginia Blood Services.

Virginia Blood Services will notify my child of a positive test result(s) for certain blood borne disease markers and my child may be contacted for follow-up testing. If tests are confirmed positive for HIV, Hepatitis B or C or syphilis (or other diseases as may be required by law or regulation), my child's name will be reported to the Virginia Department of Health.

I verify that I am the undersigned donor's parent/ guardian and that, in the event of an emergency, I may be contacted at the following telephone number: \_\_\_\_\_

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

Donor's Date of Birth: \_\_\_\_\_

VIRGINIA BLOOD SERVICES USE ONLY

*Note: Verbal permission must be obtained by school official*

Verbal permission obtained by (school official): \_\_\_\_\_ Title: \_\_\_\_\_

Verbal permission obtained from: \_\_\_\_\_ Relationship to donor: \_\_\_\_\_

Telephone number dialed: \_\_\_\_\_ Time/Date of call: \_\_\_\_\_