

Form: Parental Consent for Blood Donation

Information

This form must be completed by a parent or legal guardian. Parental permission is required for

- All donations by 16-year-olds
- All donations by **any age student** at high school blood drives in Utah
- Donations by 17-year-olds as required by state law or blood drive sponsor

Before giving consent, please read the information on the back of this form and "A Student's Guide to Blood Donation." You should also read "Possible Use of Donor Information and Blood Samples in Medical Research" and the research study sheets for your state, which can be found at <https://www.redcrossblood.org/donate-blood/how-to-donate/info-for-student-donors.html>. If you do not have internet access, please call the Donor and Client Support Center at 1-866-236-3276 for relevant information regarding research studies.

Before donating blood, your child will read "What You Must Know Before Giving Blood," which describes the blood donation process. It explains the importance of accurate and honest answers to health history questions, what happens when a person gives blood, and tips for having a positive donation experience. It also explains why the Red Cross asks questions about sexual contact and identifies profiles of persons who should not donate (because of physical conditions, travel to certain countries, or high-risk behavior). "What You Must Know Before Giving Blood" contains explicit language defining "sexual contact." A copy of this document is on file and available for viewing at your child's school.

Please call us at **1-800-RED-CROSS (1-800-733-2767)** or visit www.redcrossblood.org if you have questions or concerns about the blood donation process.

Parental Consent

I have read and understand

- The information on the back of this form
- "A Student's Guide to Blood Donation"
- "Possible Use of Donor Information and Blood Samples in Medical Research"
- State-specific research-related study sheets
- That red cell apheresis, also known as "Power Reds," is not recommended for 16- and 17-year-old females

By signing below, I authorize my child to donate blood to the American Red Cross. Further, unless indicated by checking the box below, I authorize my child to do so utilizing apheresis technology as described on the reverse of this sheet. (Please use medium-point black pen.)

☐ I **do not** authorize my child to donate blood utilizing apheresis technology as described on the reverse of this sheet.

Donor Name: (son, daughter, or ward): _____
Print Name

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature *Today's Date (mm/dd/yyyy)*

Optional Parent/Guardian Phone Number: _____
Where you can be reached on day of donation

**For American Red Cross Use Only
WBN/DIN**