



Administrative Offices:  
4040 Main Street  
Kansas City, MO 64111

816/753-4040  
fax: 816/968-4047

www.SaveALifeNow.org

### Blood Donor Parent/Guardian Consent 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.

Blood donation is a safe procedure using single use sterile supplies, but reactions such as lightheadedness, fainting, bruising or nerve injury occasionally occur. Drinking plenty of fluids and eating well can reduce donor reactions.

State law requires written consent by parent or guardian for 16-year olds to donate blood. In addition, if donating at a high school blood drive, some schools require similar consent even for older students.\*

If you consent to your child's donating, please complete the consent form at the bottom of this page.

All blood donations are screened for several blood borne diseases. You will be notified if your 16-year old child's donation tests positive for these diseases. In that case, your child may be contacted for follow-up testing. Donors with positive test results are placed on a deferral list and the blood is not used for treatment or care purposes. Positive test results and the donor's name 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, please call 816-968-4061 or 1-800-245-7035.

\* Persons 17 years of age or older may donate without consent of parents or guardians (unless required by your high school's principal.)

**Please fill out bottom half of form and return only the bottom portion. Keep the top for your records.**

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*Please use ink to complete this form*

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

Community Blood Center will notify both my 16-year old child and me 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 consent of 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 (\_\_\_\_) \_\_\_\_\_

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

I confirm that the consent given based on the above signature is that of my parent/legal guardian. I have read all information in this form and agree to parental/guardian test notification.

**Signature of Donor** \_\_\_\_\_ Date \_\_\_\_\_

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