

# Parental Consent Packet

Dear Parent or Guardian,

Your child has the opportunity to help save a life by donating blood. Please read through this consent packet and sign (in ink) your consent on the following forms:

- 1) Informed Parental Consent for Persons Not of a Legal Majority

Your child must bring your signed consent to the blood drive prior to being eligible to donate.

Version: August 31, 2009

# Parental Consent for Blood Donation



## Information

This form must be completed by a parent or legal guardian for blood donation by a minor when parental consent is required by state law or American Red Cross policy.

If you have questions or concerns about the blood donation process, please contact:

Western Division Donor Care & Response Center

1-800-737-0902

Monday-Friday, 8:00 am to 8:00 pm

In giving consent for your son, daughter, or ward to donate blood, you have two options:

1. You may consent to whole blood donation only, or
2. You may consent to both whole blood donation and apheresis (see back of form for details).

## Parental Consent

I have read and understand:

- The information on the back of this form
- "A Student's Guide to Blood Donation"
- Any research-related study sheets that may be provided

Please Complete Section 1 OR Section 2 (Please use medium-point black pen.)

### 1. Whole Blood Donation Only:

I hereby give permission for my son, daughter, or ward to make a whole blood donation to the American Red Cross.

Donor Name: (son, daughter, or ward) \_\_\_\_\_  
Print Name

Parent/Guardian Name: \_\_\_\_\_  
Print Name

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature m m / d d / y y y y

Optional Parent/Guardian Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Where you can be reached on the day of the blood donation

### 2. Whole Blood Donation and Apheresis:

I hereby give permission for my son, daughter, or ward to give blood by either whole blood donation or apheresis.

Donor Name: (son, daughter, or ward) \_\_\_\_\_  
Print Name

Parent/Guardian Name: \_\_\_\_\_  
Print Name

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature m m / d d / y y y y

Optional Parent/Guardian Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Where you can be reached on the day of the blood donation

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