MISSISSIPPI VALLEY REGIONAL BLOOD CENTER | (800) 747-5401
CENTRAL ILLINOIS COMMUNITY BLOOD CENTER | (866) 448-3253
COMMUNITY BLOOD SERVICES OF ILLINOIS | (800) 217-4483

Sixteen Year Old Blood Donor Parental Consent Form

Your 16 year old has expressed interest in donating blood. Donors must be in good health, at least 16-years-old, weigh 110 pounds, and have a picture ID.

Donors give whole blood or red cells, platelets and/or plasma by apheresis. In whole blood donations, the blood is directly drawn into a bag. In apheresis, the blood goes into a machine that separates blood into needed components and returns what is not needed to the donor along with anticoagulant and salt solutions.

Blood donation is a safe procedure using single use sterile supplies. Reactions like fainting and bruising occur, but are not frequent. More serious reactions and injuries, including brief seizure activity, nerve or artery injury from the needle, are rare. For blood drawn with automated technology, side affects may include blood loss, air embolus, and tingling of the lips or limbs.

Blood is tested for a variety of infections that can be transmitted by transfusion. These include HIV (the AIDS virus), viral hepatitis, syphilis and others. From time to time blood is tested using research tests being developed for blood donor screening. Both you and your child will be notified if a positive test result(s) is/are obtained and that your child may be contacted for follow-up testing. Your child's name may be entered in a registry of excluded donors in the event of a positive test result. All information and test results are confidential unless reporting to the state health department is required by law.

Your child should eat well, drink extra fluids, be rested and understand his/her health history before donation. They will answer a series of very personal questions about their sexual activity, use of drugs, medications that they are taking, travel outside the US, and questions that promote a safe donation, and a safe blood product for the patient who will receive the blood.

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.

State law requires a written parental consent. Sixteen-year old donors will not be allowed to give blood without a signed parental consent form. Please complete the parental consent form provided at the bottom of this page. Only forms signed by a parent or guardian will be accepted at time of donation. A signed consent will be required for each donation until the donor reaches the age of 17.

If you have any questions regarding your child's decision, please contact the Director of Collections or designee at (800) 747-5401 for the MVRBC region, (866) 448-3253 for the CICBC region, or (800) 217-4483 for the CBSI region.

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

I recognize the importance of obtaining consent from my parent or guardian so that I may fulfill state law requirements for donating blood as a 16 year-old.

Signature of 16 year-old donor_____ Date_____

I have read and fully understand the information regarding blood donation.

I give permission/consent for _____, my son, daughter or ward to voluntarily donate:

☐ **Whole blood** ☐ **Platelets or Red cells using automation if they choose**

(If type of donation is not indicated, donation will be performed based on permission of donor and applicable criteria)

I understand that both my child and I will be notified if my child receives a positive test result(s) and that my child may be contacted for follow-up testing.

Parent/Guardian (print)_____

Address_____ Phone Number (___)_____

City/State/ZIP_____

Signature of Parent/Guardian_____ Date_____