Form: Parental Consent for Blood Donation	
Washington, DC 20006	
American Red Cross Biomedical Services	

## **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. 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"
- Any research-related study sheets that were provided

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

Please complete Option 1 or Option 2 to indicate what type of donation you are consenting to.

(Please use medium-point black pen.)

OPITON 1: Who	le Blood Dona	ation Only
I hereby give permission for my son, daughter, or wa		
<b>D N</b> ( 1 1)		
<b>Donor Name:</b> (son, daughter, or ward)		Print Name
		FIIIL Name
Parent/Guardian Name:		
		Print Name
Parent/Guardian Signature:		
	Signature	Today's Date (mm/dd/yyyy)
Optional Parent/Guardian Phone Number:		
	Where you can	n be reached on day of donation
OPTION 2: Apheresi		
the American Red Cross (see back of form for details)  Donor Name: (son, daughter, or ward)	).	ither apheresis or whole blood donation to
the American Red Cross (see back of form for details) <b>Donor Name:</b> (son, daughter, or ward)	).	Print Name
the American Red Cross (see back of form for details) <b>Donor Name:</b> (son, daughter, or ward)	).	Print Name
the American Red Cross (see back of form for details)	).	Print Name
the American Red Cross (see back of form for details) <b>Donor Name:</b> (son, daughter, or ward)	).	Print Name Print Name
the American Red Cross (see back of form for details)  Donor Name: (son, daughter, or ward)  Parent/Guardian Name:	).	Print Name
the American Red Cross (see back of form for details)  Donor Name: (son, daughter, or ward)  Parent/Guardian Name:	).	Print Name Print Name
the American Red Cross (see back of form for details)  Donor Name: (son, daughter, or ward)  Parent/Guardian Name:  Parent/Guardian Signature:	Signature	Print Name Print Name

# **Information for Parents**

Please read the information below, which supplements the brochure called "A Student's Guide to Blood Donation."

### **Donor Screening**

- We will ask your son, daughter, or ward questions about his or her health and medication use, sexual behavior, travel, and other risk factors for infectious diseases during a private and confidential interview.
- Every donation is tested for HIV (the virus that causes AIDS), hepatitis B and hepatitis C viruses, and other infectious diseases.
- If any test result or response to the questions suggests that your son or daughter is disqualified from donating blood in the future or may have an infectious disease, his or her name will be added to a confidential list of people who have similar test results or risk factors. When required, we report donor information, including test results, to health departments and regulatory agencies.
- The tests are very sensitive and detect most infections. But it is also possible that donors who are not infected will have falsely positive results. We are required to notify and disqualify donors even when subsequent test results indicate that the donor is not infected.
- We will communicate test results that disqualify your son or daughter from future donation directly with your son or daughter. We maintain the confidentiality of information we obtain about a donor and we will release a donor's confidential information to his or her parents only with the donor's consent.

#### Whole Blood Donation

- Each whole blood donation uses a new, sterile needle to collect about a pint of blood from a vein in the donor's arm.
- Most donors feel fine before and after donating blood, but some may have a lightheaded or dizzy feeling; an
  upset stomach; a black and blue mark, redness, or pain where the needle was; fainting or loss of
  consciousness and injury from related falls; or very rarely, nerve or artery damage.
- Young, first time, or low-weight donors are more likely to experience reactions than other donors.
- Blood donation removes iron and may cause or aggravate iron-deficiency anemia.

# Apheresis (automated collection procedures, including two-unit (double) red cell collections)

- Apheresis is a type of blood donation in which we collect specific components of the donor's blood (platelets, plasma, or red cells). We place a needle in one or both of the donor's arms and use a machine to draw blood and separate it into different parts. One or several of the blood components are removed while the remainder and extra fluids are returned to the donor.
- Apheresis has the same risks as whole blood donation (see above). In addition, citrate is used during apheresis
  to prevent blood clotting. Citrate may cause chills, tingling sensations, feelings of anxiety, tremors, muscle
  cramping, numbness, nausea, vomiting, and/or convulsions. Donors may be given oral calcium supplements
  during the apheresis procedure to manage these symptoms. Very rarely, donors can experience allergic
  reactions (for example, skin rashes, hives, localized swelling, and/or flushing), air in the bloodstream, infection,
  or other complications.
- Repeated donation may result in iron depletion, anemia, fatigue, or changes in blood cell counts.

### Research

- We may confidentially and anonymously use the information or leftover blood samples we collect from donors for medical research, such as research on ways to increase the safety of the blood supply.
- By giving your son or daughter permission to donate blood, you are also consenting to the use of the donation and donor information for this type of research.

American Red Cross Biomedical Services Process Owner: Senior Director, Blood Collections Form: Parental Consent for Blood Donation