



Permission for Minor to Donate
Community Blood Center of the Carolinas

Student's Name (print):	Birth Date:
Age: <input type="checkbox"/> 17 years old <input type="checkbox"/> 16 years old	Last 4 Digits of SSN:

I verify that my child is or will be 16 years or older on the date of donation, is in good general health, and is able to donate blood. I acknowledge that I have read and understand the information provided in the *Information Sheet for Parents of Minors Donating Blood* document. I give permission for my minor child, listed above, to donate blood.

By signing this consent, I authorize the blood center to collect blood from my minor child at all future blood drives unless I provide specific notice in writing that my minor child may no longer donate blood. I understand that my child may be asked to participate in an apheresis donation and that there are additional risks associated with this type of donation.

Printed Name of Parent/Guardian:	
Parent/Guardian Address:	
Parent/Guardian Daytime Phone Number:	
Parent/ Guardian Signature: _____ <i>(Use blue or black ink only)</i>	Date Signed: _____

Internal Use Only:
Affix a human-readable unit number sticker below

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Your child is interested in donating blood at his/her school. This permission form is being furnished either because your child is 16-years old or because your child's school requires parental/guardian permission regardless of the donor's age.

Permission for Donation

We ask that you review the information below, which is a summary of the information your child will be asked to agree to at the time of donation, prior to giving your permission (consent) for your child to participate in this activity. Please call **1-877-477-3433** with any questions you may have prior to signing this permission form.

By signing this permission form, you understand and agree to the following:

- You have read and understand the *Donor Educational Materials* (available at www.cbcc.us), which your child will read at the time of donation. Your child must not donate blood if your child's lifestyle or health puts your child at risk during donation or at risk to transmit HIV/AIDS or any other disease.
- You understand that your child will be asked, at the time of donation, to give a truthful and accurate medical, social, and sexual history in a confidential interview setting.
- We are not a testing center, and giving blood is not a guarantee that disease testing will be performed. Your child should donate blood with the intent of helping a patient and not for disease testing.
- Your child will be tested for hepatitis, HIV/AIDS, and other transfusion-transmitted diseases as well as for other conditions, such as detection of abnormal hemoglobin (such as Hemoglobin S) or important antigens and antibodies using FDA-approved or investigational test methods.
- We will hold the results of disease screening tests in strict confidence and will not disclose test results (except as provided by law) to anyone without the donor's written consent unless the donor is a minor under the age of 17. For donors under the age of 17, positive disease screening results will be reported to the parent and/or legal guardian and to the donor.
- We will have knowledge of your child's status as a blood donor and the test results for the infectious disease markers. We will follow all laws related to the strict confidentiality of such testing and must report some positive test results to the State Health Department. However, we are not a testing center and giving blood is not a guarantee that disease testing will be performed.
- We may contact your child in the future to request blood donations, unless your child does not wish to be contacted.
- You understand that there are physical risks associated with donating blood. These risks include, but are not limited to, problems involving breathing, fainting or dizziness, nausea or vomiting, muscle spasms or convulsions, bleeding or bruising, arm injury, infection or, rarely, cardiac events.
- After donation, your child should not engage in strenuous activity and should follow the post-donation recommendations. Your child donates blood at his or her own risk and we are not obligated to make financial restitution for any illness or injury that occurs because of the donation.
- We are a not-for-profit blood center that provides blood to patients for a service fee that covers labor, materials, delivery, and other costs. Your child voluntarily donates his or her blood components to use as the blood center deems appropriate, including for transfusion, teaching, research, or commercial purposes.
- Your child may be asked to participate in an apheresis donation, where the desired blood components—platelets, red blood cells, and/or plasma—are collected, and the remaining blood components are returned. Additional risks of reactions due to reduced calcium levels and possibly allergic effects are associated with apheresis donations.
- Your child will be provided with a list of *Post-donation Recommendations* after donation (available at our website, www.cbcc.us). These recommendations provide instructions for donors to follow after donation, including care of the arm, drinking fluids, etc. They also ask the donor to contact us if the donor becomes ill within two days of the blood donation or if the donor remembers anything that could affect the safety of the donated blood. Donors are asked to call **1-877-477-3433** to report any issues and for any questions.

**If you agree with the information on this sheet,
please sign the permission form.**