



### Sixteen-Year-Old Blood Donor Parental Consent Form

Your 16-year-old child has expressed interest in donating whole blood (or double red cells/platelets/plasma using automated technology) at an upcoming blood drive or donor center.

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 convulsions, nerve or artery injury from the needle, are rare. For blood drawn with automated technology, side effects may include blood loss, microbubble formation, and tingling of the lips.

Blood is tested for a variety of infections that can be transmitted by transfusion. These include HIV (the AIDS virus), viral hepatitis and others. Positive test results will cause your child's name to be entered into a registry of excluded donors and your child will be notified of positive test results with medical significance and may be contacted for follow-up testing. In addition, from time to time blood is tested using research tests being developed for blood donor screening. All information and test results are confidential unless reporting is required by law.

A portion of your child's blood, not needed for transfusion, may be used for research or education. Research may include finding normal ranges for blood contents or educating laboratory students. Neither your child nor you will be reimbursed and may not have access to results of any research using the blood. Research results, age, race and/or gender may be shared with the research sponsor in a coded fashion that does not reveal your child's identity.

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 written parental consent for donors aged 16. Please complete the parental consent form below. Only forms signed by a parent or guardian will be accepted at the time of donation. After a donor reaches the age of 17, parental consent is no longer required.

If you have any questions, please contact a **Donor Suitability Specialist** at **651-332-7000**.

**I hereby verify that my child is 16 years of age and meets the following physical criteria:**

Males: Must weigh at least 110 lbs at any height.

Females:

Height	4'7" or shorter	4'8"	4'9"	4'10"	4'11"	5'	5'1"	5'2"	5'3"	5'4"	5'5"	5'6" or taller
Min. Weight	160 lbs	155 lbs	150 lbs	145 lbs	145 lbs	140 lbs	135 lbs	130 lbs	125 lbs	120 lbs	115 lbs	110 lbs

Child's Name (print) \_\_\_\_\_

I understand that my child will be notified of positive test result(s) with medical significance, and if my child is no longer eligible to donate blood that my child may be contacted for follow-up testing.

I further understand that a signed consent will be required for each donation until my child reaches the age of 17.

I am the parent or legal guardian of the child named above and hereby give my permission and consent for my child to make a voluntary donation of blood to Memorial Blood Centers.

Parent/Guardian Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_

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

(Please Sign In Ink)

A copy of this form can found on our website at [www.mbc.org/Donate-Blood](http://www.mbc.org/Donate-Blood)