



COMMUNITY  
BLOOD BANK  
THE GIFT OF LIFE THROUGH BLOOD

Community Blood Bank  
P.O. Box 1343  
Sioux Falls, SD 57101

Sixteen-Year-Old Blood Donor Parental Consent Form

Your 16 year old has expressed interest in donating blood at an upcoming blood drive or donor center (Avera McKennan or Sanford Medical Center location). One blood donation can be separated into 2 or 3 components; your child will potentially save up to three lives with their generous donation of 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.

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. Donating blood temporarily reduces the body's iron level. In most donors, this has no effect on their health. As many teens have lower iron reserves than adults, it is advised to replace the lost iron through a daily multivitamin with iron or iron supplement of about 18-36 mg for 56 days.

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 placed on a confidential list of deferred donors and certain governmental health agencies will be notified as required by law. Your child will be notified of positive test results with medical significance, and may be contacted for follow-up testing. 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.

State law requires written parental consent for donors sixteen years of age. Please complete the parental consent form provided at the bottom of this page. Only forms signed by a parent or legal guardian will be accepted at the time of donation. After a donor reaches the age of seventeen, parental consent is no longer required. Picture identification is required at the time of donation (i.e. Student I.D., State I.D., Driver’s License).

If you have any questions regarding your child’s decision, please contact Community Blood Bank at 1-877-877-3070.

**I am the parent or legal guardian of \_\_\_\_\_ (“my child”) and hereby give my  
(Print Name)  
permission and consent for my child to make a voluntary donation of blood to Community Blood Bank.**

**I hereby verify that my child is 16 years of age and weighs at least 110 lbs.**

**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.**

**Parent / Guardian (Print) \_\_\_\_\_ Date \_\_\_\_\_**

**Address \_\_\_\_\_**

**City / State / Zip Code \_\_\_\_\_**

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

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