



Permission for Minor to Donate Form
LifeSouth Community Blood Centers

Minor'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, weighs 110 lbs. or more, 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 call the blood center or provide specific notice in writing to the blood center that my minor child may no longer donate blood. I understand that my minor 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:

DIN sticker or Visit ID:

Information Sheet for Parents of Minors Donating Blood

LifeSouth Community Blood Centers

Your child is interested in donating blood. This permission form is provided because your child is 16-years old or because your child's school requires parental/guardian permission regardless of the donor's age. State law allows 17-year olds to give blood without the consent of the minor's parents (Code of Alabama, Section 26-1-3; Florida Statute 743.06; Georgia General Assembly Code 44-5-89).

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. Please call **1-866-592-8678** with any questions 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.lifesouth.org), which your child will read at the time of donation. Your child should not donate blood if your child's lifestyle or health puts them at risk during donation or they are at risk of transmitting HIV/AIDS or any other disease.
- You understand that your child will be asked to give a truthful and accurate medical, social, and sexual history in a confidential interview setting at the time of donation.
- 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-transmissible diseases and may be tested for other conditions, such as detection of abnormal hemoglobin (e.g., sickle cell disease) or antigens and antibodies relevant to transfusion 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 infectious disease markers. We follow all laws related to the strict confidentiality of such testing and must report some positive test results to the State Health Department.

- You understand there are physical risks associated with donating blood. These risks include, but are not limited to: allergic reactions, fainting or dizziness, nausea or vomiting, muscle spasms, convulsions, bleeding, bruising, arm or nerve injury, infection or, rarely, cardiac events.
- After donation, your child should not engage in strenuous activity and should follow the post-donation recommendations.
- 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.
- LifeSouth may provide some de-identified information about donors to researchers, such as blood type, age, and sex (but not a name or other identifying information).
- 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 as well as allergic reactions can occur with apheresis donations.
- Your child will be provided with a list of *Post Donation Recommendations* after donation (available at www.lifesouth.org). These recommendations provide instructions for donors following donation, including care of the arm, drinking fluids, etc. **We 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 **1-866-592-8678** to report any issues and for any questions.

Red blood cell donation is known to reduce iron stores, and young donors are considered to be at increased risk for iron deficiency. Oral supplementation of iron, 19-38mg for 60 days, by multivitamin or specific supplement has been shown to replace the amount of iron lost during donation, and is generally recommended in this age group. If your child has any pre-existing conditions or is taking medications, please consult with your physician or pharmacist prior to supplementation.

If you agree with the information on this sheet, please sign the *Permission for Minor to Donate* form.