



2646 Peach St.  
Erie, PA 16508

(814) 456-4206 \* 1-877-842-0631  
Fax: (814) 452-3966

[www.fourhearts.org](http://www.fourhearts.org)

***Our Donors Save Lives!***

### **Blood Donor Parent/Guardian Permission Form**

Your child has expressed an interest in donating blood. Blood donation is a safe procedure using single use sterile supplies. Reactions such as lightheadedness, fainting, bruising or nerve injury occasionally occur. Drinking plenty of fluids and eating well prior to donation can reduce donor reactions.

All blood donations are screened for several blood borne diseases. These tests, on occasion, may be considered investigational. Your child will be notified if the donation tests positive for these diseases. In that case, your child may be contacted for follow-up testing. Donors with a positive test may be placed on a deferral list and the blood is not used for treatment or care purposes. Positive test results and the donor's name are reported to health agencies as required by law. In some instances, such as when an insufficient amount of blood is collected, testing for infectious diseases may not be possible.

Following is the consent statement your child will be asked to read and sign before they donate:

I hereby give permission to the Community Blood Bank to withdraw approximately one pint of blood. This pint will be used as the blood bank deems necessary. I understand the risks of donating blood include: arm bruises, nerve injury, and light headedness or fainting. I have reviewed and understand the information provided to me regarding the spread of the AIDS virus. I agree not to donate blood or plasma for transfusion to another person or for further manufacture. I understand my blood will be tested for HIV and other infectious diseases. Some of these tests may be investigational (research) tests. I have read and understand the research information associated with this research. If I test positive for the HIV virus or any other infectious disease my name will be entered on a list of permanently deferred donors and may be reported to government agencies if required by law. I further understand that I will be notified of a positive result or any test result that may affect my eligibility to donate. I understand that there are circumstances in which infectious disease tests cannot be performed. I have had all my questions answered. The medical history which I have furnished is true and accurate to the best of my knowledge.

State law requires written permission by a parent or guardian for 16-year olds to donate blood. If you agree to your child's donating, please complete the permission form at the bottom of the page.

**PHOTO ID MUST ALSO BE PRESENTED AT TIME OF DONATION**

#### **COMMUNITY BLOOD BANK OF ERIE COUNTY**

dba Community Blood Bank of Northwest Pennsylvania  
dba Community Blood Bank of Western New York

**Please Use Ink to Complete This Form**

Student/Donor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Signature: **(SIGN IN INK)** \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Guardian:**

Having read and understood this entire form and materials accompanying this form,

I give permission for my son/daughter/ward \_\_\_\_\_ to make a voluntary,  
(PLEASE PRINT)

uncompensated donation of blood to the Community Blood Bank of Erie County. I understand a signed permission form will be required for each donation until the donor reaches the age of 17.

Name of Parent/Guardian: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
(PLEASE PRINT)

Parent/Guardian Signature: **(SIGN IN INK)** \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This form, signed by the parent/guardian AND a Photo ID must be brought to the blood drive.**