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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 bloodborne 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 am voluntarily donating my blood to the Community Blood Bank of Erie County for transfusion and other medical and scientific purposes, including further manufacturing. In doing so, I hereby give my informed consent to perform the procedures necessary to collect and test my blood.
I have reviewed the educational material provided to me regarding relevant transfusion transmitted infections. I agree not to donate if the donation could result in a potential risk to recipients as described in the educational materials.
I have been provided and reviewed the risks and hazards of the blood donation procedure. Some of these risks include (but are not limited to): arm bruises, nerve injury, light headedness, fainting, infection, anemia, and/or iron deficiency.
I understand if my donation is determined to be not suitable or if I am deferred from donation, I will be notified of the basis for the deferral and the period of the deferral.
I understand my blood will be tested for specified relevant transfusion transmitted infections to include but not limited to: HIV, Hepatitis B, Hepatitis C, Retroviruses, Syphilis and other tests like ABO/Rh, CMV And Platelet. 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 specified relevant transfusion transmitted infections, my name will be entered on a list of permanently deferred donors and may also 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 there are circumstances in which infectious disease tests cannot be performed.
I have had an opportunity to ask questions and withdraw from the donation procedure.
The medical history I have given is true and accurate to the best of my knowledge.

State law requires written permission by a parent or guardian for a 16-year old 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 BLUE OR BLACK 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: _____