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Community Blood Center of the Ozarks Parental Consent for Blood Donation



This form is required for blood donation by 16-year old donors

	This form is required for blood donation by 10-year	old dollors
Please prin	t in ink	Donor Ticket
Minor's print	ed name:	Bollot Treket
Minor's date	of birth:	
Dear Parent a	ınd/or Guardian,	
	is expressed an interest in donating Whole Blood or an Apheresis Procedure using automat by include Plateletpheresis, Plasmapheresis or Double Red Cell collection.	ed technology. Examples of an automated
	uires written consent by a parent or guardian for a 16-year old to donate. They must also m ase be assured that every blood donor is thoroughly evaluated prior to donation to ensure the	
nerve or arter could result in	is safe, easy, and rewarding. Complications like fainting and bruising occur but are not free injury from the needle are rare. For blood drawn with automated technology, tubing sets in loss of blood or the introduction of air into the tubing set. Additional side effects may include lips and fingers, and allergic reaction including hives.	may be subject to occasional failure which
A photo ID a	and proof of age are required for first time High School donors.	
Steps to	the donation process include:	
1.	Medical Evaluation - ensures safety for both the blood donor and recipient. A series of self-administered questions will pre-qualify a potential donor. A short physical exam will record blood pressure, pulse, temperature and hemoglobin levels. All donor information is kept strictly confidential.	
2.	Blood Collection - Blood center staff will use only sterile, disposable equipment to draw blood. After the procedure is complete, th arm will be cleaned and bandaged.	
3.	Refreshment and Relaxation – after donation donors are instructed to spend 15 minutes are provided to replenish fluid and energy levels.	s in the refreshment area. Snacks and drink
Please note:	To help prepare for donation, donors should eat a meal before donating and drink p prior to donating.	elenty of fluids beginning 2 to 3 days
Iron Depletic	on After Your Donation:	
can often be	ood donation may decrease iron stores in the body, leading to iron deficiency anent remedied by incorporating iron rich foods into your daily diet. However, you may even if your red blood cell count is normal. We suggest that you discuss this with	ay need to take an iron supplement to
	sume foods that are good sources of iron such as red meat, poultry, liver, fish and shellfish, its, beans, raisins and molasses.	, leafy dark greens such as spinach or kale,
	id certain beverages with meals such as coffee, tea, and red wine. These contain compound osorb from the foods you eat and should be avoided for two hours before and after meals to	
Tip #3: Eatin	ng foods rich in Vitamin C, in combination with iron-rich foods, will help iron be better ab	sorbed into your system.
If you have an additional inf	ny questions or concerns about blood donation, please contact us at 1-800-280-5337 or vision on blood donation and the positive impact it has on patients across the Ozarks.	it our website at www.cbco.org for
Parent/Lega	Guardian: Please read the following; print and sign below in ink	
blood tests r	I that my child will be notified by mail of positive test result(s) and for follow-up reveal evidence of reportable infectious disease, I understand that the blood center al agencies and anyone else required by law.	
	and understood the information provided on this form about blood donation. I give of age, to donate his/her blood or blood components to Community Blood Center of	
This signed	consent is valid for one year or until child turns 17, unless canceled by written no	tice from parent or guardian.
Printed N	ame of Parent/Guardian:	

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Signature of Parent/Guardian: _____

Phone # where you can be reached on day of donation: ___

