

**STEVENSON BLOOD DRIVE  
PARENTAL CONSENT FORM**

(16 years and under CANNOT donate at all, 17 years and over CAN donate WITH form)

Your child has expressed interest in donating blood at an upcoming blood drive run by LifeSource Blood Services. Because one donation can be separated into 3 components, your child has the potential to save 3 lives with a single donation. Blood donation is a safe procedure using single-use sterile supplies.

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.

You may know of reasons why your child should not donate. If you have question about eligibility guidelines, please call the LifeSource Medical Help Desk at 800-486-0680. If you decide that your child cannot or should not give blood, please do not sign this consent form and this will prevent your child from donating.

Your child will be asked to read and sign the following Donor Informed Written Consent prior to donating blood:

**DONOR INFORMED WRITTEN CONSENT**

I am voluntarily donating my blood to the Blood Center for transfusion or other medical and scientific purposes. In doing so, I hereby give my informed consent to perform the procedures necessary to collect and test my blood. I understand that trained personnel will insert a needle into my arm to collect blood. I am aware that as a result of the procedure complications such as infection, nerve damage, muscle damage, hematomas, and other forms of injury could occur. I am willing to undergo the risk involved in this procedure in order that I may donate blood. I am aware that my blood will be tested for diseases that could be transmitted through a blood transfusion. I am aware that the test will be placed on a permanent deferral list. My test results will be reported to health agencies as required by law. I understand that in some instances, such as when an insufficient sample is taken, testing for infectious diseases is not possible. As a result, the unit of blood is discarded. I should not assume that my test results are negative, since testing cannot always be performed. I know or have been told that my blood will be tested for the presence of HIV, the virus that causes AIDS. The tests have been explained to me, including their purposes, potential uses, limitations, and the meaning of the results. I specifically consent to the performance of HIV-related testing. Information has been given to me about the prevention, exposure to, and spread of HIV. I have also received information regarding the spread of HIV by the transfusion of blood and blood products. I verify that to my knowledge the use of my blood does not present a risk for the spread of any infectious disease, including AIDS. I have been given the opportunity to ask questions and the questions that I have asked have been answered to my satisfaction. I have read and understand the above statements.

I give my consent for my child to donate blood on Friday, March 4th at Stevenson High School. I understand that my son/daughter must bring the signed parental consent form to **Student Activities** as soon as possible.

Student's Name (PRINTED): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Phone #: \_\_\_\_\_

Period Donating: \_\_\_\_\_

Parent's Name (PRINTED): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**\*\*\*IMPORTANT: IF YOU ARE DONATING 7<sup>th</sup> or 8<sup>th</sup> PERIOD, YOU MUST COMPLETE THE BACKSIDE OF THIS FORM AS WELL! -> -> -> PLEASE TURN PAPER OVER! -> -> ->**

## IF YOU ARE DONATING 7<sup>th</sup> or 8<sup>th</sup> PERIOD...

Any student who has driving privileges or has parked off campus and typically drives his/her vehicle home **CANNOT** give blood 7<sup>th</sup> or 8<sup>th</sup> period.

If you donate 7<sup>th</sup> or 8<sup>th</sup> period, you must ride the bus home or have someone drive you home.

Many students become dizzy hours after giving blood. Driving immediately after giving blood can lead to accidents. Parents/Guardians need to be aware of this so incidents can be avoided.

Please check one the circles below:

- I am donating 7<sup>th</sup> period
- I am donating 8<sup>th</sup> period

Please check one of the circles below:

- I am riding the bus home
- I will not drive. I am riding home with a friend.
- I will not drive. I am riding home with a family member.

I am aware of the dangers associated with driving home immediately after giving blood and I attest that I will abide by my choice listed above.

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Student Name (printed)                      Student Signature                      Date

As parent or legal guardian, I attest that I am aware that my student is donating blood 7<sup>th</sup> or 8<sup>th</sup> period and I have talked with my student about alternate transportation home.

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Parent/Guardian Name                      Parent/Guardian Signature                      Date  
(printed)