

**PARENT/GUARDIAN CONSENT FOR 16 AND 17
YEAR OLD BLOOD DONORS**

Who is eligible to donate? Those who are 16 or 17 with parental/guardian consent, weighing 120 pounds or greater and can pass a basic health and lifestyle screening.

Why does the student need to sign the consent form? The parent/guardian consent form includes an area where the donor needs to sign. This section informs the 16 or 17 year old blood donor that his or her test results, if positive, will be reported to the donor and to the donor's parent or legal guardian.

Do all high school students need parental consent to donate? It depends on the donor's age and the policy of the school where the drive is held: Any 16 or 17 year old blood donor must have written parental consent prior to each donation. 18 year old donors may donate without parental consent, according to state law. However, some high schools require parental consent for any high school student to donate.

Why should I eat and drink prior to donating? It is important that all donors eat a well balance meal, including plenty of fluids prior to their donation. All donors at the high school will be asked to drink 16-ounces of water prior to donation. This helps reduce the possibility that a donor reaction **may** occur. Reactions to blood donation can occur at any time throughout the donation process, including after the donor has left the donation site.

Will donating blood affect students if they play on a sports team? We recommend all donors avoid muscular or strenuous activity such as lifting, running, pushing or picking up heavy objects for at least 4 or 5 hours after donating. Make sure you drink plenty of fluids for 24 hours following your donation. If you have sports practice on the day you give blood, we recommend you don't practice on that day.

Will the student blood donation be tested? All blood donations will be tested for hepatitis, HIV/AIDS, and other transfusion-transmitted diseases as well as for other conditions, such as detection of abnormal hemoglobin (such as Hemoglobin S) or important antigens and antibodies using FDA-approved or investigational test methods. These tests are very sensitive and specific but it is possible that donors who are not infected will have a false positive results. We are required to notify and disqualify donors even when subsequent test results indicate that the donor is not infected.

Can donating blood cause you to be anemic? Donating blood lowers the body's iron levels, sometimes causing donors to become iron deficient. Some blood donors especially young women are at higher risk for iron deficiency. For most donors, iron deficiency is not believed to cause significant health problems.

What to do with the consent form after it's signed? The signed consent form must be presented to a Community Blood Council staff member on the day of donation.

Can parental permission be obtained over the phone? No. If the donor is 16 or 17 years old, parental consent must be obtained in writing.

Does your blood center participate in research studies? Yes. We may use your child's donor history questionnaire information and a sample of their blood, in a confidential manner, for research to improve blood safety.

Basic Guidelines:

- ❖ No symptoms of a cold or infection
- ❖ Must have an original parent/guardian consent form (No fax or copy).
- ❖ Must bring photo and/or signature identification.
- ❖ Must weigh at least 120 pounds.
- ❖ Eat a well balanced meal.
- ❖ Drink plenty of fluids before and after your donation.
- ❖ Must stay in the canteen area for at least 15 minutes.

If you have any questions, please call the Community Blood Council of New Jersey at (609) 883-9750 x115 or visit our website at www.communitybloodcouncil.org.

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BLOOD DONATION PROCESS:

There are 2 ways your child may donate, whole blood donation and automated donation.

Whole Blood Donation

Blood is collected from a vein in your arm into a bag specially designed to store blood. Typically, each donated unit is separated into multiple components, most often Red Blood Cells, Platelets and Plasma. Whole blood donation is the most common way to donate blood.

Automated Blood Collection Methods

With automated blood collection equipment, CBCNJ can collect the exact components that a patient needs, and can collect more of these specific components than can be separated from a unit of whole blood. Similar to whole blood donation, with automated collection, blood is collected from a vein in the arm and passed through an apheresis instrument that separates the blood into its components. While the blood is being collected, a small amount of anticoagulant (citrate) is added to the blood to prevent clotting during the procedure. After the targeted component(s) is/are collected, the remainder of the blood is returned to the donor. The donor receives saline solution to help replace fluid lost during the automated collection. The body naturally replaces the components that are donated: plasma within several hours and red cells in about 6 weeks.

Some Potential Side Effects

Serious complications following blood donation are rare. However, as in any medical procedure, there are certain risks involved. Potential side effects of both whole blood and automated blood collection include fainting, dizziness, nausea, vomiting, bruising or redness in the area of the venipuncture and iron deficiency. Although rare, serious reactions may include seizures and nerve and/or vascular injury in the area of the venipuncture. While a small proportion of blood donors have adverse reactions (overall reaction rate of 1.43%), donors aged 16 to 22 do experience a higher prevalence of reactions (about 5%). Our staff at CBCNJ is specially trained to respond to donor reactions. We also work to prevent these reactions by having donors drink fluids just before they donate. In addition, during automated blood collections some common side effects that are easily resolved are due to the anticoagulant and include numbness and tingling sensations, muscle cramping and chilliness. Other possible complications include fatigue, decreased exercise tolerance for 3-5 days, and very rarely, allergic reaction, shortness of breath, chest pain, decreased blood pressure, hemolysis, and air embolism.

NOTE: PARENTAL/GUARDIAN SIGNATURE MUST BE COMPLETED AND SIGNED IN INK AND THE FORM MUST BE PRESENTED ON THE DAY OF DONATION.

If you have any questions, please call the Community Blood Council of New Jersey at (609) 883-9750 x115 or visit our website at www.communitybloodcouncil.org.

Please return the section below to blood drive personnel for the consent to be valid

High School/Location: _____ **Blood Drive Date** _____

		Unit #
Donor Name (Print)	Age	
Donor Signature	Date	

I have read and fully understand the informational material provided and I consent to my 16 or 17 year old child to donate blood by the method I choose below to the Community Blood Council of New Jersey, Inc. I also understand that my child's blood maybe used for further manufacturing, research or investigational studies.

I verify that I am the Donor's Parent/Guardian with Legal Right to Consent. **Relationship to Donor:** _____
I have read and understand this entire form and the overall blood donation process. I understand that there are some risks associated with blood donation, including, but not limited to dizziness, nausea, fainting, seizures, bruising, infections, and possible nerve injury at the needle site. I understand that CBCNJ will notify me/my child in writing of any abnormal test result(s) for certain transmissible diseases by blood transfusion. I understand that any positive result for HIV, Syphilis, or Hepatitis will be reported to the Department of Health as required by applicable law.

In the event of an emergency, I may be contacted at the following **phone number:** _____

Whole Blood or Automated Blood Collection Procedures (including double red cell or red cell and plasma donation) I hereby give permission/consent for my son/daughter or ward, **(Please Print Minor's Full Name)** _____, to make a voluntary and uncompensated donation of blood to CBCNJ.

Signature of Parent/Guardian: _____ **Print Name:** _____ **Date:** _____

Whole Blood Only I hereby give permission/consent for my son/daughter or ward, **(Please Print Minor's Full Name)** _____, to make a voluntary and uncompensated donation of blood to CBCNJ.

Signature of Parent/Guardian: _____ **Print Name:** _____ **Date:** _____