

SIXTEEN YEAR OLD CONSENT



**Sixteen Year Old Blood Donor Parental Consent Form**

Your child has expressed interest in donating blood with the Rock River Valley Blood Center. They will be donating at either a blood drive or donor center. Donors may donate whole blood or double red cells, using automated technology. We hope that you support and encourage your child's decision to donate blood. By becoming a blood donor your child is showing great civic responsibility, maturity and a sense of community pride. Through their blood donation, your child has the potential to save up to 3 lives!

Blood donation is a safe procedure using only single use sterile supplies. The possibility of a slight reaction such as dizziness, fainting, becoming light-headed or slight bruising may occur. When using automated technology, side effects may include blood loss, air embolus and tingling of lips and limbs. In the rare event that your child may experience any of these, you will be notified. For further information regarding the blood donation procedure please go to [www.rrvbc.org](http://www.rrvbc.org).

Your child's blood will be tested for all FDA required tests. Please understand that both you and your child will be notified if your child receives a positive test result(s) and that your child may be contacted for follow-up testing.

State law requires a written parental consent. Sixteen-year-old donors will not be permitted to give blood without a signed parental consent form. Please complete the parental consent form provided at the bottom of this page. Only forms signed by a parent or guardian will be accepted at the time of donation. A signed consent will be required for each donation until the donor reaches the age of 17.

If you have any questions regarding your child's decision, please contact the Blood Center at 815/965-8751.

**Please fill out the form below and return with your child. Please keep the top portion for your records.**

I give permission/consent for (print) \_\_\_\_\_, to make a voluntary donation of blood to the Rock River Valley Blood Center.

I understand that both my child and I will be notified if my child receives a positive test result(s) and that my child may be contacted for follow-up testing.

Parent/Guardian (print) \_\_\_\_\_ Date \_\_\_\_\_

Phone Number where you can be reached the day of the blood drive: (\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

ROCK RIVER VALLEY BLOOD CENTER ROCKFORD, ILLINOIS

*Rock River Valley*  
**BLOOD CENTER**  
*Straight From the Heart*