

## 16 Year Old Blood Donor Parent/Guardian Permission Form

***Please complete ALL areas of the form and bring it with you on the day of the blood drive***

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Print **FIRST NAME** exactly as it appears on child's ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Print **LAST NAME** exactly as it appears on child's ID

I approve my child to donate a pint of whole blood, using established acceptable procedures in accordance with FDA regulations and AABB standards, to Miller-Keystone Blood Center for use as it deems advisable. I understand risks include, but are not limited to needle puncture site discomfort, soreness, redness, lumps of blood under the skin/bruising, light-headedness, confusion/disorientation, nausea, vomiting, intermittent muscular spasms, chills, turning pale, shortness of breath, anxiety, a bluish tint to skin, yawning, fainting, decrease in blood volume that may cause me to pass-out and fall with injury, loss of bladder control, loss of consciousness, allergic reaction to the arm scrub solution or dressing, blood vessel injury, tissue scarring, blood clot formation, arterial puncture, local infection due to needle puncture, vein infection, or generalized infection, nerve/muscle damage resulting in numbness, pain or paralysis, decreased production of red blood cells due to decreased iron levels, chest pain, rapid pulse, other injuries from fainting/falling during or following the procedure, stroke, heart attack, or any injury requiring extended medical treatment or fatality. I understand donating blood components is for the benefit of others and does not benefit my child.

I understand required tests will be done for a number of diseases including HIV (AIDS), Hepatitis B and C, HTLV, West Nile Virus, Zika Virus, T. cruzi, syphilis, and Babesia, that may be transmitted through blood. As a service, a cholesterol screening test is done. I understand that if there are positive results on these required tests that are important to the health of my child or affect his/her ability to donate, with his/her permission I will be notified. Positive results are reported to state and federal agencies as required by applicable law and regulation. I am aware that my child's donation records may be reviewed by government and blood bank regulatory agencies. I understand an anonymous sample to be used for investigational tests, or frozen for future use.

**I verify that I am the donor's parent/guardian and that such donor resides with and is supported by me.**

\_\_\_\_\_  
Parent/Guardian Name (signature)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Consent (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parent/Guardian (print – FIRST NAME)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parent/Guardian (print – LAST NAME)

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Parent/Guardian Phone)

**IMPORTANT REMINDER**

State regulations require a properly completed permission form to be presented at the time of donation.

A 16 year old donor will not be accepted without a properly executed permission form.

Additional copies of this Parent/Guardian Permission form can be found at [www.GIVEaPINT.org/16-year-old](http://www.GIVEaPINT.org/16-year-old)

**This area for use by HCSC - Blood Center only:**

Eye Readable DIN
------------------

Deferred

**To ensure a safe and pleasant experience, please refer to the important information on the reverse side of this form.**

## Donating Blood Step-By-Step

### Before Your Donation

#### Commit

- Visit [GIVEaPINT.org](http://GIVEaPINT.org), call **1-800-B-A-DONOR**, or contact your coordinator.

#### Eat & Hydrate

- Be sure to eat a hearty meal before your donation. Choose salty food because your body can lose up to 2 mg of salt during donation.
- Drinking plenty of water or non-caffeinated drinks will help ensure that you have a pleasant donating experience.

#### Donation Process

- The Whole Blood donation process, from registration to refreshments, takes approximately 45 minutes. The actual donation time is less than 15 minutes.
- The Double Red Blood Cell donation process takes 1 to 1 ½ hours.
- The Platelet donation process takes about 2 hours.

### During Your Donation

#### Step 1: Registration

- Present your Miller-Keystone Blood Center Donor ID Card or proper identification (e.g. photo ID including first and last name, student or work ID)

#### Step 2: Mini-Physical

- During the mini-physical, we check temperature, pulse, hematocrit and blood pressure.

#### Step 3: Donor History Questionnaire

- For your convenience, you can answer your donor history questionnaire on the day of donation prior to arriving for your blood donation using iScreen at [www.GIVEaPINT.org/iScreen](http://www.GIVEaPINT.org/iScreen). If you cannot access iScreen prior to your arrival, you will have the opportunity to answer your questions in a secure, private setting at the Blood Center or blood drive.
- You will be asked to answer questions about your health history, travel and lifestyle.
- All information gathered is kept strictly confidential.

#### Step 4: Donate

- A trained Collections Specialist will select the vein to be used and clean the area of the arm that will be used for your blood donation.
- Once the needle is in place, you'll squeeze a ball to keep the blood flowing.
- To reduce the chance of a reaction, contract the muscles in your lower body by alternately raising a foot a few inches off the chair for a few seconds at a time.
- After your donation is complete, the needle is removed and a pressure wrap is applied.
- We ask that you keep your bandage on and dry for 24 hours.

#### Step 5: Relax and Replenish

- For your safety, you will be asked to sit on the edge of the phlebotomy bed for 1-2 minutes. You will then be asked to stay in our canteen for at least 15 minutes, where you will sit, relax, and have a snack and drink.

### After Your Donation

#### Hydrate

- Drink plenty of water or non-caffeinated and non-alcoholic drinks for the rest of the day to restore your fluid balance.

#### Relax

- Avoid strenuous activity or heavy lifting after your donation.

#### Check Your Mini-Physical Results

- After 24 hours, go to the **My Profile** section of [www.GIVEaPINT.org](http://www.GIVEaPINT.org) to see all your mini-physical results that were taken the day of your donation.
- If you feel sluggish, drink electrolyte replacement fluids (e.g. Powerade®/Gatorade®) and get plenty of rest.
- If you feel light-headed, lie down and prop your feet up higher than heart level until you are feeling better.
- If you do not feel better call Diane L. Wiest, RN at 484-225-8351, or email [dwiest@GIVEaPINT.org](mailto:dwiest@GIVEaPINT.org). If you feel it is a true emergency, call your family physician, visit the closest medical facility or dial 911.