

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

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

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

I approve my child to donate 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 my child 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, 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 will 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)

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Date of Consent (MM/DD/YYYY)

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Parent/Guardian (print - FIRST NAME)

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Parent/Guardian (print - LAST NAME)

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

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(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

This area for use by HCSC - Blood Center only:

Eye Readable DIN

	Deferred
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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 Donating Blood

Commit

- Visit [GIVEaPINT.org](http://www.GIVEaPINT.org), call **1-800-B-A-DONOR** (1-800-223-6667).

Eat & Hydrate

- Eat a meal before donating. Choose salty food because the body can lose up to 2 grams of salt during donation.
- Drinking plenty of water or non-caffeinated drinks the day before and the day of donation will help ensure 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 approximately 1 to 1 ½ hours. The actual donation takes about 30 minutes.
- The Platelet donation process takes about 2 hours. The actual donation time takes about 60-90 minutes.

During the Donation

Step 1: Registration

- Present 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 convenience, donors can answer the donor history questionnaire on the day of donation prior to arriving for their blood donation using iScreen at www.GIVEaPINT.org/iScreen. If the donor cannot access iScreen prior to arrival, they will have the opportunity to answer the questions in a secure, private setting at the Blood Center or blood drive.
- Donors will be asked to answer questions about their 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 the blood donation.
- Once the needle is in place, the donor will squeeze a ball to keep the blood flowing.
- To reduce the chance of a reaction, contract the muscles in the lower body by alternately raising a foot a few inches off the chair for a few seconds at a time.
- After the donation is complete, the needle is removed and a pressure wrap is applied.
- Donors will be asked to keep the bandage on and dry for 24 hours.

Step 5: Relax and Replenish

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

After the Donation

Hydrate

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

Relax

- Avoid strenuous activity or heavy lifting after the donation.

Check Mini-Physical Results

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