



Your Community Blood Bank

Corporate Office:
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(717) 566-6161 • 1-800-771-0059
Fax: (717) 566-7850

www.cpbb.org

Blood Donor Parent/Guardian Consent Form

Your child has expressed an interest in donating blood. One blood donation can be separated into three components; your child has the potential to save three lives with a single donation. We hope 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 donation is a safe procedure using single use sterile supplies. Reactions such as lightheadedness, fainting, bruising or nerve injury occasionally occurs. Drinking plenty of fluids and eating well prior to donation can reduce donor reactions.

State law requires written consent by a parent or guardian for 16-year olds to donate blood. In addition, if donating at a high school blood drive, some schools may require similar consent even for older students.* If you consent to your child's donating, please complete the consent form at the bottom of this page.

All blood donations are screened for several blood borne diseases. These tests, on occasion, may be considered investigational. Your child will be notified if the donation tests positive for these diseases. In that case, your child may be contacted for follow-up testing. Donors with a positive test may be placed on a deferral list and the blood is not used for treatment or care purposes. Positive test results and the donor's name are reported to health agencies as required by law. In some instances, such as when an insufficient amount of blood is collected, testing for infectious diseases may not be possible.

If you have questions regarding your child's decision, please call our Donor Advocate at 1-800-771-0059 ex. 3019.

* Persons 17 years of age or older may donate without consent of parent or guardian **(unless required by your high school)**.

Please fill out form below and return only the form portion during donation. Keep the top for your records.

Central Pennsylvania Blood Bank

Please use ink to complete this form.



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Having read and understood this entire form, I give permission/consent for (Please Print) _____, my son/daughter or ward to make a voluntary, uncompensated donation of blood to Central Pennsylvania Blood Bank.

Central Pennsylvania Blood Bank will notify my child of a positive test result(s) for certain blood borne diseases and my child may be contacted for follow-up testing. If tests are confirmed positive for HIV, hepatitis or syphilis (or other diseases as may be required by law or regulation), my child's name will be reported to the Department of Health.

This signed consent of parent/guardian is valid for one (1) year or until child turns 17, unless cancelled by written notice from parent or guardian.

I verify that I am the undersigned donor's parent/ guardian and that, in the event of an emergency, I may be contacted at the following telephone number: _____

Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Donor: _____ Date: _____

Donor's Date of Birth: _____

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Important Reminder

The completed consent form **must** be presented at the time of donation to be accepted.