

Form: Parental Consent for Blood Donation

Information

This form must be completed by a parent or legal guardian for blood donation by a minor when parental consent is required by state law or American Red Cross policy. Please call us at **1-800-RED-CROSS (1-800-733-2767)** or visit **www.redcrossblood.org** if you have questions or concerns about the blood donation process.

Parental Consent

I have read and understand

- The information on the back of this form
- "A Student's Guide to Blood Donation"
- Any research-related study sheets that were provided

In giving consent for your son, daughter, or ward to donate blood, you have **two options**.

Please complete Option 1 or Option 2 to indicate what type of donation you are consenting to.

(Please use medium-point black pen.)

OPTION 1: Whole Blood Donation Only

I hereby give permission for my son, daughter, or ward to make a whole blood donation to the American Red Cross.

Donor Name: (son, daughter, or ward) _____

Print Name

Parent/Guardian Name: _____

Print Name

Parent/Guardian Signature: _____

Signature

Today's Date (mm/dd/yyyy)

Optional Parent/Guardian Phone Number: _____

Where you can be reached on day of donation

OPTION 2: Apheresis or Whole Blood Donation

I hereby give permission for my son, daughter, or ward to give blood by either apheresis or whole blood donation to the American Red Cross (*see back of form for details*).

Donor Name: (son, daughter, or ward) _____

Print Name

Parent/Guardian Name: _____

Print Name

Parent/Guardian Signature: _____

Signature

Today's Date (mm/dd/yyyy)

Optional Parent/Guardian Phone Number: _____

Where you can be reached on day of donation

For American Red Cross Use Only WBN/DIN