

LIFESOURCE BLOOD SERVICES
(Please complete this form in blue or black ink only)

PARENTAL CONSENT FORM

Your child has expressed interest in donating blood at an upcoming blood drive. Because one blood donation can be separated into 3 components, your child has the potential to save 3 lives with a single donation or to contribute to science. Blood donation is a safe procedure using single use sterile supplies.

We hope that 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. You may know of other reasons why your child should not donate. Your child's blood will be tested for all Food and Drug Administration (FDA) required tests.

Illinois laws and LifeSource will not allow a sixteen-year old to donate blood without a signed parental consent form. Please complete this parental consent form and give it to your child who will present it when he or she registers to donate blood. In addition to the parental consent form, your child will need to bring documentation that includes his/her full name and either his/her date of birth or last four digits of his/her social security or another government issued ID (Drivers License, State ID card, US Passport, Mexican consular ID). If your child has a picture ID printed with his/her full name, it will be acceptable for him/her to state the date of birth and the last four digits of his/her Social Security Number if no other documentation can be provided.

If you have any questions regarding your child's decision, please contact the Medical Help Desk at 847-803-7921 or 800-486-0680 or by e-mail at helpdesk@itxm.org.

Your child will be asked to read and sign for following Donor Informed Written Consent prior to donating blood:

Donor Informed Written Consent

I am voluntarily donating my blood to the Blood Center for transfusion and other medical and scientific purposes. In doing so, I hereby give my informed consent to perform the procedures necessary to collect and test my blood.

I understand that trained personnel will insert a needle into my arm to collect my blood. I am aware that as a result of the procedure complications such as infection, nerve damage, muscle damage, hematomas and other forms of injury could occur. I am willing to undergo the risks involved in this procedure in order that I may donate my blood.

I am aware that my blood will be tested for diseases that could be transmitted through a blood transfusion. I am aware that the test results will be recorded. If the results are positive or questionable and could present a risk to my health, I will be notified. My name will be placed on a permanent deferral list. My test results will be reported to health agencies as required by law.

I understand that in some instances, such as when an insufficient sample is taken, testing for infectious diseases is not possible. As a result, the unit of blood is discarded. I should not assume that my test results are negative, since testing cannot always be performed.

I know or have been told that my blood will be tested for the presence of the Human Immunodeficiency Virus (HIV), the virus that causes AIDS. The tests have been explained to me, including their purposes, potential uses, limitations and the meaning of the results. I specifically consent to the performance of HIV-related testing. Information has been given to me about the prevention, exposure to and spread of HIV. I have also received information regarding the spread of HIV by the transfusion of blood and blood products. I verify that to my knowledge the use of my blood does not present a risk for the spread of any infectious disease, including AIDS. I have been given the opportunity to ask questions and the questions that I have asked have been answered to my satisfaction.

I have read and understand the above statements.

I, _____, give my consent for _____,
(Print parent's name) (Print student's first name, middle initial, and last name)

to donate blood on _____. I understand that my son/daughter must bring the signed
(Date of blood drive)

parental consent form to the blood drive.

Child's date of birth: ____/____/____ Age: _____
MM DD YY

Date: _____
(Parent's Signature)

THIS FORM IS REQUIRED FOR 16-YEAR-OLD DONORS ONLY