

PERMISSION AND CONSENT TO DONATE BLOOD



PARENT/LEGAL GUARDIAN INFORMATION

Inland Northwest Blood Center

Regional Headquarters
210 W Cataldo Avenue
Spokane, WA 99201
(509) 624-0151 / (800) 423-0151
Fax (509) 232-4526

North Idaho Center
1341 Northwood Center Court
Coeur d'Alene, ID 83814
(208) 667-5461 / Fax (208) 292-6103

Columbia Basin
Samaritan Hospital
801 E Wheeler Road
Moses Lake, WA 98837
(800) 423-0151 / Fax (509) 232-4526

LC Valley Center
1213 21st Street
Lewiston, ID 83501
(208) 717-0625 / Fax (208) 717-0630

Your teenager would like to join a special group of people who help others by giving the **gift of life**.

A parent/legal guardian's signature is **required** for all blood donors (donating Whole Blood or products via automation) under the age of 18 years. We cannot accept your child as a donor without this signed form. Please read the information provided below before signing this form. The permission and consent remains in effect until your child is 18 years of age unless revoked, in writing, by the parent/legal guardian with INBC.

The safety of both the donor and the patient who receives the blood transfusion is our most important consideration. Safety steps in the blood donation process include:

- ◆ Ensuring the donor meets basic requirements (a confidential interview process is used to determine a donor's eligibility). Basic donor requirements include:
 - ◆ Donors must be at least 16 years of age, and be feeling healthy and well. Donors age 16 and 17 must weigh at least **120 lbs** (donors age 18 and up must weigh at least 110 lbs). We also recommend 16 and 17 year old female donors be at least 5' 4" tall.
 - ◆ Donors should have had a recent **well-balanced meal** and **plenty of fluids** prior to donating.
 - ◆ Donors may not have had a tattoo or body piercing within the last 12 months.
 - ◆ We will perform a check of each donor's hemoglobin level (protein in red blood cells that carries oxygen), temperature, blood pressure and heart rate.
- ◆ A brief rest and snack following blood donation.
- ◆ Providing the donor with certain information about blood donation. The Food and Drug Administration requires the donor be given information and asked questions about his/her medical history and activities which may expose a person to infectious agents such as the viruses that cause AIDS or hepatitis. The information provided includes explicit language concerning the definition of sexual contact. This information is provided to ensure the safety of the blood supply.
- ◆ The use of sterile and disposable supplies.
- ◆ Testing each donation for certain infections that can be transmitted by a transfusion such as **HIV** (AIDS virus), **hepatitis** (B and C), **HTLV** (may cause a blood or nerve disorder) and **syphilis** (sexually-transmitted disease).
- ◆ **Written notification directly to the donor of any abnormal test results. By law, INBC is required to provide these results directly to and only to the donor, even though the donor may be under 18 years of age.**

Donating blood is safe and most people tolerate giving blood very well. Reactions are rare but can happen, especially if a person has not eaten or is tired or nervous. Reactions that may occur include *bruising, pain, infection (caused by the needlestick); dizziness, fainting, nausea, vomiting (caused by low blood volume, pain or the sight of blood); muscle spasms (caused by anxiety and rapid breathing or fainting), or an allergic reaction (caused by arm scrub or tape).*

If you have any questions, please call INBC at (509) 624-0151 or (800) 423-0151 and ask for DPS Management.

Cut off and return -----

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210 W Cataldo Ave, Spokane WA 99201

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For INBC Use Only:

Barcode
Number

Parent/Legal Guardian: Please complete this section and sign **in ink**. Have your teenager bring the signed consent when he/she donates blood. The donor's legal name is required. **Please do not use abbreviations or nicknames.**

I have read and understood the information provided on this form about blood donation. I give my permission and consent for _____ to donate blood.
(Please Print) Legal Last Name (Jr,I,II) Suffix First Name Middle Name

Donor Date of Birth: _____ School: _____

Name of Parent/Legal Guardian: _____ Daytime Phone #: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Thank you for supporting your child's decision to give the gift of life.
A note of appreciation may be sent to you.