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## 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 generally 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 written consent 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 certain blood borne diseases. These tests, on occasion, may be considered investigational. You and your child will be notified if the donation tests positive for these diseases. Your child may also be contacted for follow-up testing. Donors with a positive test may be placed on a deferral list and their blood cannot be 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 (or certain emancipated minors) may donate without consent of parent or guardian (unless required by your high school).



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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.*

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 and me 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 is valid for one (1) year or until child turns 17, unless earlier revoked by written notice from parent, guardian or child.

I verify that I am the undersigned donor's parent/guardian and that such donor lives with and is supported by me. In the event of an emergency, I may be contacted at the following telephone number: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Having read and understood this entire form, I give my permission/consent to Central Pennsylvania Blood Bank to release certain positive test results to my above-named parent/guardian.

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.