

Parent/Guardian Acknowledgement and Consent for Minor Donors

Dear Parent/Guardian and Student:

Blood donation is a safe and easy way to have a life-transforming impact in our community. Each year, nearly 5 million Americans need blood transfusions. Blood donated by generous volunteers offers second chances and many tomorrows to patients who depend on it.

We take special care of our younger blood donors to ensure they have a pleasant donation experience and want to make donation a lifelong habit. Younger donors are at slightly higher risk of experiencing reactions during or after donation. One of our safeguards requires that younger donors meet certain height and weight qualifications noted in the chart below. In addition, we share specific information about ways students can prepare for their donation to help ensure a good outcome. Parents and guardians, we'd appreciate your help in encouraging your student to follow our recommendations below and in the accompanying materials.

Height/Weight Restrictions for Donors Age 16-22 Eligibility is Based on Estimated Total Blood Volume

Males between 16 and 22: You must be at least 5' tall and weigh at least 110 pounds.

Females between 16 and 22: If you weigh at least 110 pounds but are shorter than 5'6", please see the minimum weight required by height below. Shorter people must weigh more to achieve a 3500 mL blood volume.

Female Height	≥ 4'10"	≥ 4'11"	≥ 5'	≥ 5'1"	≥ 5'2"	≥ 5'3"	≥ 5'4"	≥ 5'5"
Female Required Weight	≥ 146	≥ 142	≥ 138	≥ 133	≥ 129	≥ 124	≥ 120	≥ 115

STUDENTS: Prepare for your donation

- Bring this completed and signed permission form when you donate.
- Bring ID containing your name and one of the following: date of birth, donor ID number or your photo.
- Check with your blood drive coordinator, Vitalant staff or visit vitalant.org/Donate/Donor-Eligibility if you have questions regarding your eligibility.
- Eat a salty snack or meal the day before donation. Eat a healthy low-fat meal the day of your donation and *before* you donate.
- Drink 8 to 16 ounces of fluid 10 to 30 minutes before donating. Water or sports drinks are great choices!

PARENTS/GUARDIANS: Help your student enjoy a good donation experience

- Make sure your student eats a salty snack, like chips or pretzels, and has a meal that is higher in sodium *the day before donation*. During donation, donors lose about a gram of salt. Replacing it ahead of time helps keep blood pressure normal and can prevent dizziness or fainting.
- Make sure your student has a light meal the day of donation and *before* donating.
- Encourage your student to drink plenty of water or a sports drink the day before and day of donation. Being well hydrated also minimizes dizziness.
- Consider having your student take a multivitamin with iron or low-dose iron supplement to replace the iron lost during blood donation since younger donors are at higher risk for iron deficiency. Discuss options with your doctor or pharmacist.

Our staff members are specially trained to watch for and respond to donor reactions. We will:

- Give your student reading material and instructions on how to have a safe, comfortable blood donation.
- Teach your student muscle tensing exercises to use during and after donation, which helps prevent fainting.
- Provide a beverage and salty snack after donation.
- Request your student stay for a full 15 minutes in our refreshment area to allow their body to adjust to the donation.

(See back/next page for additional information and signature block)

Join us in transforming patients' lives by giving blood!

Please be sure that you and your student read the following information:

- Information and Instructions for Your Blood Donation
- Use of Donor Information, Blood, and Blood Samples in Research

Students will be asked to read and sign the following acknowledgement and consent the day of donation:

I am voluntarily donating my blood and know I can withdraw from donating at any time. I have read and understand the information provided to me about donating blood, its risks and hazards, and my questions have been answered. My answers to the medical history questions are true. If I believe I am at risk for spreading HIV/AIDS or hepatitis, I agree not to donate my blood. I understand and agree that the blood center may test my blood for HIV/AIDS, hepatitis and other conditions for transfusion safety. I will be notified of certain positive test results. I understand that my health information will remain confidential, except for disclosures required by law. I also understand there are circumstances in which testing is not performed. I understand and agree that my blood and stored blood samples may be used for transfusion, further manufacturing, testing, training, research, and other uses as needed. I further understand and agree that my health information may be used in a confidential manner for research and blood center operations. I have been informed that, for my own safety, I should remain in the designated waiting area for at least 15 minutes following completion of my donation, and follow the post-donation instructions given to me. By signing below, I consent to the donation, as explained to me and as described above.

If your student qualifies and opts for donating by automated collection (apheresis), they will also be asked to read and sign the following informed consent the day of donation:

I hereby volunteer and consent to serve as a donor for blood components by automated collection methods (also called apheresis). The component collected may be one or a combination of the following:

- **Platelets**, which help control bleeding.
- **Red Blood Cells** that carry oxygen throughout the body.
- **Plasma**, the liquid portion of blood that also helps control bleeding.
- **White Blood Cells** (also called Granulocytes) that help fight infection.

*I have read and understand the information presented to me including **Information and Instructions for Your Blood Donation**, and **Use of Donor Information, Blood, and Blood Samples in Research**. The automated collection procedure, its risks, benefits and alternatives have been explained to me. I agree that if I have ever had my spleen removed, I will inform staff and will not donate platelets. I understand that there are limitations to the number and types of components that can be donated per year. I understand that a small amount of anticoagulant (citrate) is added to the blood to prevent clotting and some will be returned to me and I may also receive saline during the procedure. I desire to participate of my own free will. I understand that I may withdraw from this donation at any time, without penalty. I have had the opportunity to request further explanation from a medical professional. I understand that, at any time, I am free to ask additional questions.*

Parent/Guardian: Please complete all of the following using black or blue ink.

By signing this form, I acknowledge I have read and understand the information presented to me and consent for my student to donate blood, and for my student's donor information, blood or blood samples to be used in potential research. I expressly consent to contact of my student by Vitalant or its representatives concerning future blood donations, follow-up questions or any other legitimate purpose, including communications via email, autodialer, pre-recorded messages and/or auto-text messaging.

Student's Name: **(Print)** _____

Parent/Guardian Name: **(Print)** _____

Parent/Guardian Name: **(Signature)** _____

Date of Approval: **(Month/Day/Year)** _____

Phone # where Parent/Guardian can be reached: _____

Completed by center staff (optional): Collection Site Code: _____ DIN: _____