



PARENTAL CONSENT

Your son/daughter has been asked or has made the decision to “give what’s in their heart” by donating blood. We thank you for encouraging your child to participate in blood donation. Please know that the blood donation process is a safe procedure using single use, sterile supplies.

In order to donate, your child must be in good general health, at least 16-years-old and weigh 110 pounds for whole blood donation. For red cell apheresis donation, males must weigh 130 lbs, height 5’1”, females 150 lbs, height 5’5”. If the donor is 16-years-old, state law requires that they must have parental consent; 17-year-old donors may donate blood without parental/guardian consent. They must also have with them identification.

On the date of donation, your child should eat a good meal, be well hydrated and well rested. Additionally, your child should have a good understanding of his/her health history prior to donation. Your child will be answering a series of questions that are personal in nature. They will be asked questions regarding any medications that they are currently taking and why they are taking them. Questions will also be asked regarding travel outside the United States, along with other questions designed to increase the likelihood of a good donation experience for your child, and a safe blood product for the patient that will receive the blood.

Blood donors may give either whole blood or, they may donate two doses of red cells using a method called apheresis. In whole blood donation, the blood is directly drawn into a bag. In apheresis, the blood is drawn into a machine (the ALYX) that separates blood into components. Some portions of the blood are retained by the machine and the rest is returned to the donor. The blood is mixed with an anticoagulant solution to prevent clotting. Some of the anticoagulant solution and/or some salt solution are returned to the donor with the blood.

The donor’s arm will be scrubbed with antiseptic solutions in the area where the needle will enter. Every precaution is taken to ensure a safe and pleasant donation experience. Donors with no history of medical problems usually have no adverse reactions to donating blood. Although severe adverse reactions are rare, allergic reactions to the arm scrub solutions, bruising, hematomas, arterial trauma, nerve damage, fainting, nausea/vomiting, hyperventilation and/or convulsions during or after donation can possibly occur. With apheresis donation, possible side-effects may include: lightheadedness, tingling of hands & feet, numbness or tingling around the mouth, muscle discomfort, muscle twitching or spasm, sensation of coolness or chills, skin redness, hives, itching, dyspnea, dizziness, pallor, feeling of warmth and excessive tiredness. Safety mechanisms are constantly monitoring the fluid flow. A rare malfunction of the instrument can result in air embolism, blood clotting or hemolysis. The chance of this is considered extremely remote.

Testing is done on each donation to detect various infectious agents that can be transmitted by transfusion, including HIV and hepatitis. If there are any abnormal laboratory results, the results will be released to your child, and will be shared with you if your child is 16-years-old. (By signing, a 16-year-old child consents to this disclosure.) However, if your child is at least 17-years-old, results will only be released to the donor. Otherwise, all health history information will be strictly confidential except as required by law.

**ALL 16-YEAR-OLD DONORS MUST PRESENT THE CONSENT FORM ON REVERSE TO THE
CICBC STAFF TO DONATE BLOOD!**

Central Illinois Community Blood Center
1134 South Seventh, Springfield, IL 62703
Telephone 217-753-1530 Fax 217-753-8116
Toll-free 1-866-GIVE BLD



CENTRAL ILLINOIS
COMMUNITY BLOOD CENTER

Your child will be asked to read and sign the following donor acknowledgment and consent on the day of donation:

I have been interviewed as to my background and medical history, and to the best of my knowledge I have fully and accurately answered each of the above questions. I have read the Blood Donor Educational Materials for donor eligibility, which discloses the AIDS transmissions and risk categories for AIDS, and I understand that if I am a person at risk for AIDS I should refrain from donating blood for transfusion. I understand that a sample of my blood will be tested for hepatitis, syphilis, blood type, red blood cell antibodies, HTLV antibodies, the AIDS virus and other tests as required by current regulations and standards. If my tests indicate positive results for any infectious disease, I understand that I will be notified and may be placed on a Donor Deferral List for volunteer blood donation as required by FDA and AABB regulations and standards.

I have been fully informed and understand the nature of the blood donation process, and the safety precautions that will be taken, and the risks and consequences of blood donation. I understand that my donation of blood involves a possible risk of minor discomfort or other adverse reactions, and agree that no assurance against minor discomfort or an adverse reaction has been given by the Central Illinois Community Blood Center or its employees.

I give permission: 1) to have performed on my blood whatever tests may be required to improve the safety and quality of blood transfusions, 2) to store a sample of any blood for future testing, and 3) to use such samples in research. In order to better understand these tests, it may be necessary to contact me at a later time to request a repeat blood sample.

I have had the opportunity to ask questions, and have no questions which have not been answered to my full satisfaction. I voluntarily consent to donating my blood to the Central Illinois Community Blood Center for its use as needed.

If you have any questions or concerns regarding the donation process, please call CICBC at 217-753-1530 or toll free 1-866-GIVEBLD between the hours of 8am-5pm or visit our website at www.cicbc.org.

PARENTAL CONSENT

Beginning of Form

THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED TO THE BLOOD CENTER STAFF ON THE DATE OF THE BLOOD DRIVE!

Please complete this form in ink and print the following information for the young donor:

Donors:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Weight: _____

High School (if applicable): _____

I certify that:

- **I have read and fully understand this consent and information.**
- **I have asked and had answered any questions I have regarding the donation of blood.**
- **I give my permission for my 16-year-old son/daughter/ward to donate:**

Whole blood **Red cells using apheresis if they choose**

(If type of donation not indicated, donation will be performed based on permission of donor and applicable criteria)

Signatures:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Relationship: _____

Contact Number (where parent/guardian can be reached during the day): _____

Young Donor Signature: _____ Date: _____

Note: State law does not require parental consent for 17 year old donors.

End of Form

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