



CENTRAL ILLINOIS
COMMUNITY BLOOD CENTER

give what's in your heart.

PARENTAL CONSENT

Beginning of Form

(Please **print** the information below **IN INK ONLY** and use donor's **legal** name.)

The donor must be 16 years old by the day of donation to be accepted for allogeneic donations (donations made for use by others),

_____ Date of Birth: ____ - ____ - ____
(legal first name) (M.I.) (last name)

Social Security Number: _____ - _____ - _____ Sex: M F

Address: _____

City/State/Zip Code: _____

Home Phone Number: (____) _____ - _____

I give permission for the above named to donate blood on the upcoming Blood Drive at:

(Location/School)

Parent/Guardian Signature: _____

Date: _____ Phone Number: _____
(Where you can be reached in case of emergency)

End of Form

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