



What You Need to Know About Donating Blood

Information for Minors and their Parents/Guardians

Thank you for your interest in becoming a blood donor. Your blood donation is a lifesaving gift and we want to make it a pleasant and rewarding experience. Washington State law requires written parent/guardian permission for 16 and 17 year olds to donate whole blood or blood products via automation. This permission and consent remains in effect until you are 18 years of age unless revoked, in writing, by your parent/legal guardian. On your 18th birthday, permission is no longer required. You will also be required to provide proof of identification.

Eligibility and General Guidelines

You must weigh at least 110 lbs and be in good health. On the day of donation you should be well rested, well hydrated and eat a good meal.

Donor Screening

The donor screening process will help us determine if it is safe for you to give blood, and if your blood will be safe for a patient to receive. At every donation, all donors are asked to answer specific questions about their medical history, sexual behavior and any activity that could increase the risk of HIV/AIDS. All blood is tested for various infectious agents and you will be notified of any positive test results. All information is kept strictly confidential.

During the screening process we will also perform a mini physical exam (blood pressure, temperature, pulse) and take a few drops of blood from your finger to measure your Hemoglobin (iron) level.

Blood Donation

It usually takes approximately one hour to complete the donation process. Sterile, single-use equipment and supplies are used and your arm will be cleaned and bandaged.

Blood donation is usually a very positive experience but the process may occasionally cause dizziness, nausea, vomiting, bruising at the venipuncture site, and very rarely low blood pressure, fainting, seizures, hematoma, phlebitis, nerve injury, or post donation anemia.

Post Donation

After you have finished your donation please read and follow the Donor Instructions, spend at least 10 minutes in the refreshment area drinking juice and eating snacks, and make sure you are feeling well before you leave.

If you have any questions or concerns, please contact a Donor Specialist at the donation site, or call Cascade Regional Blood Services at 1-877-24 BLOOD and ask to speak with a Donor Specialist.

Parental Consent for 16 and 17 Year Old Donors to Donate Blood

(All donors must present proof of identification)

_____ (donor's name) has my permission to donate blood with Cascade Regional Blood Services. I have read and understand the information contained above.

Cascade Regional Blood Services has my permission to take a **photograph** of the donor named above to use for purposes of illustration, advertising and/or publicity, including website, news release, flyers and brochures. Yes No

Donor's Date of Birth: _____ Today's Date: _____ School Name: _____

Parent/Guardian
(printed name) _____ Parent/Guardian:
(Signature) _____

Daytime Phone: _____ Evening Phone: _____

GIVE BLOOD SAVE LIVES

1-877-24-BLOOD
WWW.CRBS.NET

DONOR COLLECTIONS

DOCUMENT: MINOR PERMISSION TO DONATE FORM

DATE(S) 0:01/93, R:10/95, 03/99, 07/99, 08/00, 04/04, 05/04, 12/04, 11/05, 09/06,
VALIDATION:04/08, 12/08, 01/09, 02/09, 05/09, 05/20/09, 08/10, 12/13, 10/16, 12/18 J.YSLAS