



Community Blood Centers of Florida, Inc. **Guardian Consent for Blood Donation**

Florida requires guardian consent for 16-year-old donors, and some schools request consent for all donations on school property. This informed consent form will help you decide if you wish to allow your child to donate whole blood, double red cells, or platelets/plasma by apheresis. Please read the following before completing the form:

- ✓ Blood donation is invaluable to our community, as each donation can save or improve up to four lives. The civic responsibility and community service learned through donation becomes a lifelong commitment.
- ✓ For their safety, teenage donors are subject to the same eligibility criteria as adult donors.
- ✓ All collected blood is screened for disease, including Hepatitis B, Hepatitis C, and HIV/AIDS. If your child has a positive result, he or she will be notified by the same federal guidelines applicable to all donors. You will be informed of test results only if your child gives written permission to release this information to you.
- ✓ Personal information and test results are kept confidential in compliance with HIPAA regulations and will not be disclosed to anyone unless authorized by the donor and donor's parent or legal guardian. As mandated by law, all positive Syphilis, Hepatitis B or C, and HIV results are reported to the County Health Department.
- ✓ Possible short term side effects include lightheadedness, nausea, fainting, and soreness/bruising or nerve irritation at the needle site. Under very rare circumstances, there may be a need for medical treatment.
- ✓ Your child will be asked to read and sign an additional informed consent at the time of donation.

If you have questions about donation or guardian consent, call CBCF at (800)357-4483 or visit www.cbcsf.org. Complete the form below and return to CBCF. You may keep this portion for your information.

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Use black or blue ballpoint pen. Donors must bring ID and signed form to donation.

I, _____, give my consent for _____
(print guardian's name) (print donor's name)
to donate blood with Community Blood Centers of Florida. I am legally authorized to provide medical authorization for this donor, and I have read and understand the above information.

Guardian signature: _____ Date: ____/____/____

Donor's birth date: ____/____/____ Donor is: 16 17 or older

Guardian's relationship to donor: _____

Class schedule (have student complete)

School name: _____ Check if the student rides a bus:

Instructor	Room #	Instructor	Room #
1 _____	_____	5 _____	_____
2 _____	_____	6 _____	_____
3 _____	_____	7 _____	_____
4 _____	_____	8 _____	_____

Lunch period: _____ Other activities (OJT, sports, etc): _____

Donor signature: _____ Date: ____/____/____

Phone Verification (CBCF staff only) Caller signature/badge#: _____
Guardian's name: _____ Phone number: _____