

Shepard Community Blood Center
Parental Consent for Blood Donation

Unit Number: (SCBC Use Only)

BLOOD DRIVE DATE

SCHOOL NAME

STUDENT NAME (PLEASE PRINT)

STUDENT DATE OF BIRTH (MM/DD/YYYY)



IMPORTANT — This Parental Consent Form is required for any 16 year old donating with Shepard Community Blood Center.

Dear Parent and/or Guardian:

Your child has expressed an interest in donating whole blood, or, using automated technology to donate double red cells, platelets, or plasma. Shepard requires all students to have written parental/guardian consent to donate blood at school regardless of his or her age. Also, state law requires written consent by a parent or guardian for 16 year olds to donate blood at any location. (Students must also meet other blood donation requirements before donating. Please be assured that every blood donor is thoroughly evaluated prior to donation to ensure that they meet these requirements.)

Giving blood is safe, easy, and rewarding. Complications like fainting and bruising sometimes occur, but are not frequent. More serious complications, such as nerve or artery injury from the needle can occur but are rare. Additional side effects may occur, when blood is drawn with automated technology, including an unpleasant taste in the mouth, tingling of the lips, and/or fingers, and symptoms of allergic reaction such as hives.

Parent/Legal Guardian: Please complete this section and sign in ink.

I understand that my child will be notified by mail of positive test results and for follow-up testing if necessary. Additionally, if blood tests reveal evidence of reportable infectious disease, I understand that the blood center may inform the appropriate governmental agencies and anyone else required by law. I have read and understand the information provided on this form about blood donation. I give my consent for my child, who is 16 years of age or older, to donate his/her blood or blood components to Shepard Community Blood Center.

All 16 year old donors must turn in a signed parental consent form each time that they donate at their High School.

Parent/Legal Guardian Signature and Date

Parent/Legal Guardian (Please Print)

THANK YOU SO MUCH! If you have any questions or concerns about blood donation, or if you would like additional information on blood donation and the positive impact it has on patients in local hospitals and the regional burn center supporting South Carolina and Georgia, please contact Shepard Community Blood Center at 706.737.4551 or visit our website at www.shepardblood.org.