



Penn Medicine

Lancaster General Health

PARENTAL CONSENT FOR BLOOD DONATION

Your son or daughter has expressed an interest in donating blood. Because one blood donation can be separated into three components, your child has the potential to help save many lives with one donation of blood, the gift of life. Your consent is required if your child is less than 18yrs of age.

Blood donation is a safe procedure using single-use sterile supplies. Prior to donation, your child will be asked a series of qualifying medical history questions to determine their eligibility to donate and meet the necessary guidelines for maintaining a safe blood supply. Donors must be at least 16yrs of age and weigh at least 110 pounds. Also, a full well-balanced meal must be eaten within four hours of donation. Approximately 450 cc's of blood are removed during one donation. That volume of blood does not have any effect on one's long term health. Various testing of the donated blood will occur for infectious diseases. Any positive or indeterminate test results will be reported to the listed parent or guardian of this consent and to your child.

It is important for you to know that adverse donor-related reactions are possible. These include light-headedness, bruising at the site of the venipuncture, or vasovagal reactions which are characterized by a decrease in blood pressure, fainting, weakness, sweating or dizziness.

Donors less than 18 years of age will not be allowed to donate without a signed parental consent.

DONORS MUST EAT WELL BEFORE DONATING. A NUTRICIOUS BREAKFAST AND OR LUNCH

Please complete the information below if you give consent for your son or daughter to give blood for the Lancaster General Hospital Blood Bank.

I, the undersigned, hereby give my consent to allow _____
(Name of Minor) who is _____ years of age, to donate blood at the Lancaster General Blood Bank or the Lancaster General Hospital Mobile Blood Drive on the scheduled date of _____ at _____ (location).

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Phone Number: _____

Signature of Parent or Guardian giving consent: _____

Date: _____

