To the Parent or Guardian,

Your son/daughter is interested in giving the gift of life by donating blood. He or she is showing great civic responsibility, maturity, and a sense of community pride by becoming a blood donor. By donating blood, your child has the potential to save 3 lives!

In order to donate, your child must be at least 16-years-old, weigh at least 110 pounds, and be in good general health. In addition, if they are 16-years-old, we must have parental consent. Parental consent is not required for donors that are at least 17-years-old.

Every precaution is taken to ensure a safe and pleasant donation experience. Donors with no history of medical problems usually have no adverse reactions to donating blood. On occasion, there are donors that experience mild to moderate side effects due to donating blood, including feeling warm/sweaty, becoming pale, feeling faint or dizzy, upset stomach, bruising, swelling or redness at the needle insertion site, pain at the insertion site, feeling tired, hyperventilation, low blood pressure and headache. Less common side effects include fainting, muscle spasms, or on extremely rare occasions, nerve damage. Reactions to blood donation can occur at any time throughout the donation process, including after the donor has left the donation site.

On the day of donation, please make sure your child eats a good meal and is well hydrated. Please also make sure that your child has a good understanding of his/her health history prior to donation. Your child will be asked a series of questions that are personal in nature. They will be asked questions regarding any medications that they are currently taking and why they are taking them. There will be questions regarding intravenous drug use and travel outside the United States, along with other questions designed to increase the likelihood of a good donation experience for your child, and a safe blood product for the patients that will receive the blood. There will be questions regarding past sexual practices. Please keep in mind that all people do not define sex in the same way. Your child will be asked to read material that explicitly explains vaginal, oral and anal sexual activities. To ensure that we maintain a safe blood supply, it is imperative that these questions be answered honestly.

Testing is done on each donation to detect various infectious agents that can be transmitted by transfusion, including HIV, hepatitis, and an investigational research test for Zika virus. If there are any abnormal laboratory results, a letter will be sent directly to your son or daughter.
Your child will be asked to read and sign the following donor consent on the day of donation:

I certify that I have answered truthfully all questions regarding my present and prior illnesses, symptoms, medications, travel, behavior, and physical conditions and that I will not donate if there is a potential or known risk to those who may receive my blood. I voluntarily donate my blood to Boston Children’s Hospital to be used at its discretion.

My blood will be tested for several types of hepatitis, HIV, syphilis and other infections including an investigational research test for Zika virus. I understand that if my test results are confirmed positive, the Transfusion Medicine Service will notify me, may place my name on a list of ineligible donors, and will inform certain public health agencies as required by law. I also understand that there may be times in which my blood cannot be tested or used. I understand that blood samples and by-products of my donation may be used confidentially and anonymously for medical research.

I understand that most donors have no reactions to donating blood. However, on occasion, there are donors that experience mild to moderate side effects including feeling warm/sweaty, feeling faint or dizzy, upset stomach, bruising, swelling or redness at the needle insertion site, pain at the insertion site, feeling tired, hyperventilation, low blood pressure or headache. Less common side effects include fainting or on extremely rare occasions, nerve damage. I understand these reactions to blood donation can occur at any time throughout the donation process, including after the time I have left the donation site.

If I am unable to donate today, the reason for deferral has been explained to me. If I am able to donate today, I understand I may still withdraw from the donation process at any time. My questions have been answered to my satisfaction.

THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED ONLY IF THE DONOR IS 16-YEARS-OLD ON THE DATE HE/SHE DONATES BLOOD.

I CERTIFY THAT I HAVE READ/OR FULLY UNDERSTAND THE ABOVE CONSENT, HAVE ASKED AND HAD ANSWERED QUESTIONS I HAVE REGARDING THE DONATION OF BLOOD, HAVE THE LEGAL AUTHORITY TO CONSENT TO MY 16YEAR-OLD SON/DAUGHTER DONATING BLOOD, AND I GIVE MY PERMISSION TO MY 16-YEAR-OLD SON/DAUGHTER TO DONATE BLOOD TO BOSTON CHILDREN’S HOSPITAL.

Please print the following information:

Donor Name (print): ___________________________ Age _______ Date of Birth: __________

High School (if applicable): ___________________________ School Year (if applicable): __________

Name of Parent/Guardian: ___________________________ Relationship: ___________________________

Contact Number __________________________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

16 Year Old Student Signature: ___________________________ Date: ___________________________

Form: #09-07R2 Parental Consent for Sixteen Year Old Blood Donors