



Dear Parent or Guardian,

Your son/daughter has been asked to give the gift of life by donating blood at his/her high school blood drive. High school blood drives provide a special opportunity for students to learn about community service and the value of selflessly helping others. Students who donate blood in high school will normally continue after graduation. We hope you encourage your child to participate in blood donation. 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!

There are 2 ways your child may donate, whole blood donation and automated donation. The most common is whole blood donation. With whole blood donation, blood is collected from a vein in the arm into a bag that is designed to store blood. Whole blood donations are usually separated into 3 different components: blood, plasma, and platelets.

With automated donation, special machines are used that allows us to collect the exact components that patients need, and collect more of these components than can be separated from a unit of whole blood. With automated donation, blood is collected from a vein in the arm and passed through a sterile, single-use harness into a machine that separates the blood into components. While the blood is being collected, a small amount of anticoagulant (citrate) is added to the blood to prevent clotting during the procedure. After the targeted components are collected, the rest of the blood is returned to the donor. The donor may receive saline solution to replace fluids lost during the automated collection.

Typically, the body replaces the components that are donated. Plasma is replaced within several hours, platelets within 24 hours, and red cells can take up to 56 days, a little longer for 2-unit red blood cell collections. With automated donation, a small amount of white blood cells might be lost, but it is too small to be significant. The long term effect of white blood cell depletion remains unclear.

In order to donate, your child must be at least 16-years-old, weigh at least 110 pounds, and be in good general health. Height and weight requirements are higher for automated donations. 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, but you might find this information helpful in discussing blood donation with your child.

Precautions are 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 (both whole blood and automated donations), 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.

Automated donors may experience easily resolvable side effects due to the anticoagulant. The donor's blood will be mixed with a solution to keep it from clotting. This solution, called sodium citrate or acid citrate dextrose, is not usually harmful in the small amount used during this procedure; however, donors may experience a tingling feeling (usually around the lips or fingers), chills, or increased muscle tension (cramping) or tremors for a short time. Donors may also experience an unpleasant taste sensation. Staff can help eliminate these feelings very easily.

On very rare occasions, donors may experience shortness of breath (dyspnea). This can be related to, amongst other reasons, a possible allergic reaction to the sterilization process. If you know your child is allergic to ethylene oxide, please do not allow your child to donate through automation. Other signs of an allergic reaction may occur, including hives and/or itching (urticaria).

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 but not limited to HIV and hepatitis. If there are any abnormal laboratory results, the results will be released to your child, and will be shared with you if your child is 16-years-old (***By signing CS-200-F-03, attached hereto, a 16 year old child consents to this disclosure.***) However, if your child is at least 17-years-old, results will only be released to the donor. Otherwise, all health history information will be strictly confidential except as required by law.

Your child will be asked to read and sign the following donor consent on the day of donation:

**I have read and I understand the "Essential Information" for either Whole Blood, Apheresis, Source Plasma, or Autologous Donors. All of my questions concerning my donation have been answered to my satisfaction. I understand both the risks and the occasional side effects which can result from donation.**

**I am fully informed of the laboratory tests which will be performed on my blood. I consent to the performance of the laboratory tests, which will include tests for Syphilis, HIV (AIDS), Hepatitis, and other viruses. I am fully informed of the manner in which the results of these tests will be handled. I consent to the disclosure of all such test results to me and to any other party designated by me in writing, which shall include my parents if I am 16 years of age, or as required by the governmental authority or legal process. If my blood test results are either HIV positive or positive for certain other diseases, I understand the Community Blood Center is required by law to report my name and such positive test results to the State Health Department.**

**I understand that if either the results of my blood tests or the information recorded on this form indicate that I should not donate because of a risk of transmitting AIDS or other diseases, Community Blood Center will notify me, and may discuss with my parents if I am 16 years of age, that my donation will not be used, and my name will be entered on a list of people whose blood/blood components will not be accepted in the future.**

**I have truthfully, completely, and accurately answered all the questions on this form. I agree not to donate if I am at risk of spreading a virus known to cause either AIDS or other diseases.**

**I hereby voluntarily consent to donate my blood/blood components to be used as directed by Community Blood Center.**

If you have any questions or concerns regarding the donation process, please call Community Blood Center at 1-800-388-GIVE or visit our website at [www.givingblood.org](http://www.givingblood.org).



Community Blood Center  
Community Tissue Services\*

Dayton, Ohio 45402

[www.givingblood.org](http://www.givingblood.org)

CBC Staff: Enter DID or DIN below:

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

**The Informational Letter for Parents and High School Blood Donors does not have to be returned with this form.**

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMATION PROVIDED IN THE INFORMATIONAL LETTER FOR PARENTS AND HIGH SCHOOL DONORS (CS-200-F-02), HAVE ASKED AND HAD ANSWERED ANY QUESTIONS I HAVE REGARDING THE DONATION OF BLOOD, HAVE THE LEGAL AUTHORITY TO CONSENT TO MY 16-YEAR-OLD SON/DAUGHTER DONATING BLOOD, AND I GIVE MY PERMISSION TO MY 16-YEAR-OLD SON/DAUGHTER TO DONATE BLOOD TO COMMUNITY BLOOD CENTER.

Please print the following information in **black or blue ink**:

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: \_\_\_\_\_