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Blood Donor Parent / Guardian Permission Form

THIS FORM IS TO BE USED FOR 16 YEAR OLD DONORS ONLY

IMPORTANT REMINDER: The completed permission form must be presented at the time of donation to be accepted.

Your child has expressed an interest in donating blood. We hope you support and encourage your child's decision to donate blood. He or she is showing civic responsibility, maturity and a sense of community pride by donating.

Blood donation is a safe procedure using single use sterile supplies. Blood can be donated two different ways: the traditional donation of whole blood and through automated technology. Automated technology has been around since 1996, has proven to be safe and a more effective way of collecting the right components from the right donor. It is normally a pleasant experience and drinking plenty of fluids and eating well prior to donating can reduce donor reactions.

State law (Mississippi, Louisiana, and Arkansas) allows 16 year olds to donate blood with written permission by a parent or legal guardian. If you give permission for your child to donate, please complete the permission form at the bottom of this page.

All blood donations are screened for several blood borne disease markers. Occasionally, investigational testing is done. If the donation tests positive for any of these disease markers, Mississippi Blood Services (MBS) will notify you and your child. In some cases, if there is a positive test result, your child may be contacted for follow-up testing. Donors with a positive test may be placed on a deferral list, and their blood is not used for treatment or care purposes. State law requires that some positive testing be reported to the Mississippi Department of Health. In some instances, such as when an insufficient amount of blood is collected, testing for infectious diseases may not be possible.

Parental consent must be obtained for 16 year olds to participate in research study. Samples from your child's blood may be used for research purposes.

Post donation instructions:

- Your child needs to refrain from all exercise and sport activities, including weight lifting, for the remainder of the day.
- Your child needs to keep the bandage dry and on for two (2) hours.
- Your child needs to increase fluid intake for 24 hours.

At the time of your child's donation, he/she will be asked to read, sign and agree to the Donor Consent. Your signature below indicates that you legally authorize your child to donate blood and that you and your child agree to be bound by the terms indicated in the Donor Consent.

At home care for potential adverse reactions:

If your child becomes light-headed/dizzy, they need to sit or lie down as soon as possible to prevent any injuries from fainting or falling. Have them rest with their head down and their feet elevated until the symptoms subside.

Normally there should not be any bleeding at the needle site. If bleeding should occur, raise their donation arm above their head and apply pressure to the bleeding site until it stops. Lifting heavy objects too soon after donating can cause excessive bleeding and/or bruising.

If bruising occurs:

Day 1: Wrap ice or an ice pack in a towel and apply it to the site for 5-10 minutes 3-4 times daily.

Day 2, 3 & 4: Apply a warm, moist cloth for 10-15 minutes 4 times daily.

The size of the bruised area may appear to increase as the color changes. This is expected.

Please call 1-888-902-5663 if you have questions regarding your child's decision, the Donor Consent, or if there is excessive redness, discomfort or you realize your child's blood is not safe for transfusion.

Again, we urge you to communicate your pride in your child's decision to make a life-saving blood donation. We will work hard to ensure your child has a positive experience in the hope this will be the first step toward a lifetime of giving.

Please use ink to complete this form. Please print all information EXCEPT signature.

I certify that I have read this document fully and give permission for my child to sign the Donor Consent at time of donation and agree to be bound by these terms, have legal authority to consent to my son/daughter/ward (named below) donating blood and give my permission for him/her to make a voluntary, uncompensated donation of blood to Mississippi Blood Services.

Date: _____ Donor's Name: _____ Date of Birth: _____

Printed Name of Parent or Guardian: _____ Signature of Parent/Guardian: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

In the event of an emergency, I (parent/guardian) can be contacted at the following telephone number: _____

Signature of Donor: _____ Date: _____

**By signing this document, the donor verifies that the signature above is the signature of the donor's parent or guardian and expressly acknowledge and consent to the fact that MBS will notify me and my parent or legal guardian if my blood donation results in abnormal test results.*

Parental/Guardian Verbal Consent

Please place a checkmark (✓) in the boxes below if:

Verbal consent was obtained **from** parent/guardian

The parent/guardian acknowledged that he/she has reviewed the Blood Donor Parent/Guardian Permission Form before giving verbal consent.

Verbal Consent was obtained by: _____ Position/Date: _____