



Information for Young Donors and Permission for Minors

Thank you for your interest in becoming a blood donor. Your donation is a lifesaving gift, and we want to make your blood donation a pleasant and safe experience. Please read the following information and be sure to share this information with your parent(s) or guardian(s). If applicable, have your parent or guardian sign the permission form below. Permission for minors is required for 16 and 17 year old donors in Washington State. Permission will remain in effect until you are 18 years of age unless revoked, in writing, by your parent/legal guardian.

To determine if you are eligible to donate we will:

- Ask questions about health, medications, sexual behavior and travel.
- Take your blood pressure, temperature, pulse, a small blood sample and verify your weight to make sure you meet the requirements.

If you are able to donate we will:

- Clean your arm with an antiseptic. If you had a previous reaction to our antiseptic cleansing solutions, please tell us!
- Use a new, sterile, disposable needle to collect your blood.

Your complete honesty in answering all questions is very important for the safety of patients who receive your blood. All information you provide is confidential.

Most donors have uneventful donations. Occasionally there may be side effects such as weakness, dizziness, and fainting. There may also be tenderness, bruising, bleeding, or rarely, an infection at the site where the needle is inserted. Injuries can occur if the donor faints and falls, but such instances are rare. Reaction rates are somewhat increased in donors who are young, first-time, female, or low-weight. If a reaction occurs, you will be cared for by trained Bloodworks staff.

In order to minimize the chance of significant side effects, we ask you to:

- Make sure you get enough sleep, drink additional fluids, and eat **before** donating.
- Tell Bloodworks staff if you are particularly anxious about donating.
- After donation, spend at least 10 – 15 minutes in the refreshment area drinking liquids and eating cookies/crackers/etc.
- Make sure you are feeling well before you leave. If you are not feeling well, inform the attendant.
- Read the Post Donation Instructions, and be sure to take them with you when you leave.

Your blood will be tested for various infectious agents, including HIV and hepatitis. Bloodworks may use the part of your donation not used for transfusion or the information contained in your registration form for quality control or investigational purposes. If we become aware of any results that are of importance to your health or that affect your eligibility to donate, we will notify you. All donor records are strictly confidential. However, state law requires that Bloodworks report to the local health department the names of all persons with confirmed positive tests for certain infectious diseases. Donor records may be reviewed by regulatory agencies and manufacturers of donor tests; in the latter instance, donor identification is concealed.

For more information about eligibility, blood donations, or if you have any questions please call BloodworksNW (206) 292-2543 or 1-800-DONATE-1, ext. 2543 or visit our website at www.bloodworksnw.org

PERMISSION FOR MINORS (Required for 16 and 17 year old donors in Washington State)

This permission will remain in effect until you are 18 years of age unless revoked, in writing, by your parent/legal guardian.

Unit #

On the date of donation:

- Bring photo identification showing first and last name.
- Be free of cold or infection.
- Eat a balanced meal and drink about 16 ounces of fluid (preferably water) 3 – 4 hours before donating.

(Please complete the form using indelible blue or black ink)

Donor's Name (Printed): _____
First Middle Last

Donor's Date of Birth (mm/dd/yyyy): _____ Has my permission to donate blood.

Parent/Guardian Name (Printed): _____
First Middle Last

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____