

# **Guide to Blood Donation and Parental Consent**

# WHY SHOULD I GIVE BLOOD?

- You and the other students at your school are the future of our community's blood supply.
- We know that people who begin donating while in their teens are more likely to keep giving throughout the rest of their lives.
- More than 100,000 hospital patients in the Southern California region count on us to make sure there is always blood available.

#### WHO CAN DONATE BLOOD?

- 15 and 16 year-olds must provide proof of parental approval with every visit. A consent form is below (some high schools may additionally provide permission slips). By law those age 17 years and older may donate without parental consent.
- Donors must weigh at least 114 pounds.
- All donors must show a photo ID and verification of age at every donation.

We accept any of the following:

- Any photo ID containing name and DOB.
- If photo ID does not have DOB (i.e. yearbook photo, computer photo), a birth certificate or printout from the school containing name and DOB or declaration of age is also required.
- Donors age 16 and under may donate once every six months.
- Donors must be in good health and feel well on the day of donation
- Some donors with certain medical conditions or taking certain medications cannot donate. You may bring a list of medications that you are taking.
- Some donors are deferred for travelling to certain areas or countries. We will ask where you have lived or traveled within the last 3 years.

## **HOW LONG DOES IT TAKE?**

- It takes about 1 hour to go through the steps to donate blood.
- We ask that you stay for 15 min after donating and enjoy refreshments.

## WHY DO I HAVE TO ANSWER SO MANY QUESTIONS?

To make sure that we are providing the patients with the safest possible blood, the FDA and state laws requires that we ask about your medical history every time you donate.

# IS IT SAFE TO DONATE BLOOD?

- Yes! The needle and bags used to collect the blood are used only once, and then discarded. You cannot get HIV or other infectious diseases from donating blood.
- Donors give about 1 pint of blood. As a rule, women have approximately 10 pints and men have approximately 12 pints of blood. Lost blood volume is replenished within about 24 hours by drinking plenty of fluids before and after giving blood.
- Our Nursing staff will closely monitor you during the entire process.
- There is a quick pinch or little sting when the needle is inserted, but you should be comfortable during the donation.

# **HOW WILL I FEEL AFTER I DONATE?**

- Most people feel fine after donation.
- On rare occasions, donors may experience a 'reaction' (feel light-headed, fainting, develop a bruise), which typically occurs during or right after the donation.

#### IS MY BLOOD TESTED BEFORE IT IS USED?

- Every time you donate, blood samples are taken for testing. These tests include your blood type and testing for viruses such as Hepatitis and HIV. If your blood tests show that your blood may make someone sick, it will not be used and you will be notified.
- All test results, or any other medical history information, will be kept confidential, unless you provide permission for us to share this information with your parents.

## DOES THE BLOOD BANK PAY DONORS TO DONATE?

The San Diego Blood Bank depends on the generosity of volunteer donors. Since studies have shown that the safest blood comes from volunteer donors, the State of California does not allow us to pay donors.

## **Information for Parents or Legal Guardians:**

- ★ Thank you for supporting your teen's choice in making a difference in someone's life.
- ★ Please read the information above with your teen and be sure he/she drinks plenty of fluids and maintains healthy eating habits prior to donating.
- ★ Your teen will not be permitted to donate without a valid photo ID and the signed consent below. Your signature may be subject to verification by staff.
- You will be notified if he/she experiences a reaction other than the common mild symptoms from donating. Please be aware that we cannot share test results or any medical history with you without your teen's approval.

For more information visit www.sandiegobloodbank.org.

Please complete and sign below (in ink), Do NOT detach.

		GUARDIAN CONSENT	
	Required only for Donors Age 16 and under  I have read the information on this handout and		
	(Print Name of Parent or LEGAL Guardian) give my consent for	to donate blood.	
	(Print LEGAL	Name of Teen)	
	I confirm that he/she	weighs at least 114lbs.	
	Perent or LECAL Cuerdien Signature	(Day Telephone #) *Date	
(	Parent or LEGAL Guardian Signature (Signature subject to verification by staff)	(Day Telephone #) *Date  * (must be within 2 months from donation date)	ite)

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