

Informed Parental Consent for Persons Not of a Legal Majority

Information

This form must be completed by a parent or legal guardian for blood donations by any person who has not yet reached the age of legal majority as defined by the laws of the state in which the donor makes the blood donation.

Questions or concerns about the blood donation process should be directed to

Nurse On Duty / NOD Office

1-800-462-9400, Ext. 2210 or 1-781-461-2210

Monday - Friday, 8:00 A.M. - 4:30 P.M.

Parental Consent

I have received and read a copy of "What You Must Know Before Giving Blood" describing the overall blood donation process.

I have received and read a copy of "What You Must Know About NAT- A New Blood Test" describing additional test procedures and any research-related attachments.

I understand that in the event it becomes necessary to notify my son, daughter, or ward of test results, the American Red Cross will send those results directly to my son, daughter, or ward.

I understand the information provided to me and have had an opportunity to ask questions about the information it contains. I hereby give permission for my son, daughter, or ward, to make a voluntary donation of blood to the American Red Cross during his or her legal minority.

A signed consent from the Parent/Guardian will be required for each donation until the donor reaches the age of majority.

Donor Name [son, daughter, or ward] (print) _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ **Date:** / /

Parent Day Phone Number: () _____

Parent Evening Phone Number: () _____

School Name: _____

School City & State: _____

Student Date of Birth: _____ **WBN/DIN →**



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Form: Informed Parental Consent for Persons Not of a Legal Majority		

What this form is about

This form provides staff with a mechanism for documenting a parent or legal guardian's informed consent for someone not of legal majority to donate blood or blood components.

Who should use this form

This form applies to all staff who obtain informed special consent from donors or parent/legal guardian.

Instructions

- Ensure the region-identifying information is on the form.
- Instruct the parent/legal guardian to
 - Print the name of the son, daughter, or ward in the space provided.
 - Print his or her name.
 - Sign the consent form.
 - Date the consent form.
 - **include parent's day and evening phone number, school name, school city & state**
 - **include student's Date of Birth**
- Affix a Whole Blood Number/Donation Identification Number (WBN/DIN) to the form.

Revision History

Revision Number	Summary of Revisions
1.0	Initial version
1.1	Developed and released prior to revision history requirement
1.2	Revised instructions for completion of form Reformatted signature, date, and WBN lines