

General Information about Blood Donations for 16 Year Old Donors and their Parents

Dear Parent:

The Rhode Island Blood Center recently has joined most other states in lowering the eligibility age for blood donation to 16-year-olds. For many teenagers, and often at high school blood drives, this is their first taste of civic involvement. Additionally, teenagers often want to donate blood because it gives them a sense of importance, and an unmatched sense of accomplishment- they've helped save a life! As you read this letter, a child, a mother, or a grandfather is receiving a transfusion of life-saving red blood cells, plasma, or platelets that will allow them a fighting chance at life. There is no substitute for donating blood. Some of today's most dedicated blood donors began giving blood in high school.

Donating blood is safe; trained professionals, using sterile equipment, staff all blood drives. Anyone who is **at least 16 years old** and in good health can donate. All 16 year-old donors must have a signed parental consent and weigh at least 130 pounds. All other donors must weigh at least 110 pounds.

Blood Donor Suitability

The Rhode Island Blood Center makes a determination as to the suitability of all blood donors based on a mini-physical examination, donor interview, and disease testing. During the donor interview, sensitive and personal information is obtained from the donor, including questions about the donor's medical condition, health status, and exposure to infectious diseases. It is important that questions be answered fully and truthfully.

Adverse Reactions to Donating Blood

While the blood donation process is normally an uplifting experience, it is possible that short-term side effects can occur such as dizziness, skin irritation, bruising, or fainting. Although remote, it is possible that bruising around the vein, an infection, or nerve damage can develop during or after phlebotomy, which is the process of drawing the blood. On rare occasions, more severe reactions can occur with more serious and long-term complications.

Testing of Donated Blood

Donated blood will undergo testing for viral agents and diseases including, but not limited to, HIV and hepatitis C. Abnormal test results will be reported to the donor and to the donor's parent or legal guardian, if the donor has not yet reached his or her 17th birthday at the time of donation. Medical and personal information and results of testing will be held by the Rhode Island Blood Center in strict confidence and will not be disclosed to anyone unless specifically authorized by the donor and the donor's parent or legal guardian or required by law. A positive test result for certain infectious diseases may be reported to the state health department or as otherwise required by law.

THIS CONSENT MUST BE COMPLETED AND PRESENTED ON THE DAY OF THE BLOOD DONATION.

16 Year Old Permission Form

PLEASE PRINT THE FOLLOWING INFORMATION

Donor Information

Donor Name: _____ Age: _____ Birth date: _____

High School (if applicable): _____

By signing this consent, I understand that abnormal results of laboratory testing will be provided to my parent or guardian (if age sixteen), and all appropriate State of Rhode Island agencies required by law (regardless of age).

Student Signature: _____ Date: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Street Address: _____

Donor City/State: _____

Zip Code: _____ Daytime/Cell Phone: _____

By signing this document, I acknowledge I am the parent or guardian of the individual listed above. I also acknowledge that I have read and understand the information on the attached "General Information about Blood Donation" forms, acknowledge that additional information is available by phone using the contact numbers provided, and hereby consent for my child to make a voluntary blood donation through the Rhode Island Blood Center. This consent includes submission to all tests, examinations, and procedures customary in the connection with the blood donation process, including the donor consent statement. I also declare that my child weighs at least **130 pounds** as required for this donation.

Parent/Guardian Signature: _____ Date: _____