

Thank you for your interest in becoming a blood donor. Your blood donation is a lifesaving gift and we want to make sure it is a pleasant and rewarding experience. Signed parent/guardian permission is required for 16-17 year olds to donate. All student donors must bring some type of photo identification with date of birth to the blood donation site.

**These guidelines are for your safety and the safety of the patient who will receive your blood:**

- ◆ **You must be at least 16 years old to donate.** If you are 16 or 17 years old, you must have a parent or other legal guardian sign the consent at the bottom of this form and bring it with you when you donate.
- ◆ **You must be in good health and pass a basic health and lifestyle screening**
- ◆ **You MUST weigh at least 110 pounds**
- ◆ **Please eat within 2 hours before donating.**
- ◆ **When you arrive at the donation area, you will be required to drink approximately 16 oz of water prior to actually donating. Donor center staff will have water available.**

**The Donation Process Involves These Steps:**

**Medical Evaluation:** You will be given information to review describing activities that may have increased risk of HIV infection. You will then complete a medical history interview which includes specific questions about their medical history and sexual behavior. All information is kept strictly confidential. Our staff will review the medical history with you in a private area, perform a mini physical exam (blood pressure, temperature, pulse), and take a few drops of blood from your finger to measure your hemoglobin or hematocrit.

**Blood Donation:** Blood is collected from a vein in the arm into a special blood bag. This takes about 5-10 minutes. New, sterile, disposable equipment is used for each step of the donation process. One unit (pint) of blood is drawn from each donor.

**Following Donation:** You will be given Post-Donation Instructions to read. Be sure to take them with you when you leave. You must spend at least 10 minutes in the refreshment area drinking juice and eating a snack. Make sure you are feeling well before you leave.

**Some Potential Side Effects:** There are rarely any serious complications to the donor. However, as in any medical procedure, there are certain risks involved. Potential side effects of whole blood collection include fainting, dizziness, nausea, vomiting, bruising or redness in the area of the venipuncture and anemia. More serious reactions may include seizures and, rarely, nerve injury in the area of the venipuncture. While a small proportion of blood donors have adverse reactions (overall reaction rate of 1.43%), donors aged 16 to 22 do experience a higher prevalence of reactions (about 5%). Our staff are trained to respond to donor reactions. We also work to prevent reactions by having donors drink water just before they donate.

**If playing on a sports team:** We recommend that all donors avoid heavy muscular or strenuous activity such as lifting, pushing or picking up heavy objects for 4 to 5 hours following donation. If you have sports practice on the day you give blood, we recommend you do not practice on that day. When you donate blood, your body temporarily loses fluid which is replaced within 24 hours. This, however, will make you prone to dehydration especially if you participate in a sports activity. If you are required to participate in practice on the day of the blood drive, it is best if you do not donate blood.

**If you have any questions or concerns, please call the Penrose-St. Francis Blood Bank staff at 719-776-5822.**

**MINOR DONOR CONSENT - Your child must bring this signed Minor Donor consent form and a picture ID in order to donate.**

I have read the information provided about donating blood. I give my permission for my child to donate and for that donation to be tested for blood type, hepatitis, syphilis, HIV (AIDS) and other infectious agents as required. These tests are performed to protect the patients who receive blood. In some cases, blood center staff may need to discuss test results with the donor. I understand that if any infectious disease test results are positive, a report will be sent to the donor and, if required by law, to the Colorado Department of Health.

\_\_\_\_\_  
Minor Donor Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Printed Name:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

On the day my child donates, I can be reached at this phone number: \_\_\_\_\_