

Every 2 seconds someone needs blood. The lives and health of area patients depend on volunteers to donate blood. And when blood is needed, blood must be ready, tested, and available. It cannot be manufactured; the only source is generous volunteers like you! Please review the following information and give your child permission to donate the Gift of Life.

BLOOD DONOR QUALIFICATIONS

In general, volunteer blood donors must be 16 or older and in good health.

Whole Blood Donation

Blood is collected from a vein in the arm into a bag specially designed to store blood. Whole blood donation is the most common way to donate blood. Typically, each unit is separated into multiple components, most often red blood cells and plasma.

Automated Blood Collection Methods

Automated blood collection equipment allows collection more of the specific components than can be separated from a unit of whole blood. Blood collected from a vein in the arm passes through an apheresis instrument that separates the blood components. While the blood is being collected a small amount of anticoagulant (citrate) is added to the blood to prevent clotting. After the targeted component(s) is/are collected, the remainder of the blood is returned to the donor. The donor may receive saline solution to help replace fluid lost during the automated collection. The body naturally replaces the donated components: plasma within several hours, platelets within 24 hours, and red cells in about 56 days (112 days for 2-unit red blood cell donation). White blood cell loss through donation is too small to be significant; the long term effect of white blood cell depletion remains unclear.

Some Potential Side Effects

Donors rarely experience any serious complications. However, as in any medical procedure, there are certain risks involved. Potential side effects of both whole blood and automated blood collections include fainting, dizziness, nausea, vomiting, bruising or redness in the area of the venipuncture, and iron deficiency. More serious reactions may include seizures and, rarely, nerve injury in the area of the venipuncture. Only a small proportion of blood donors have adverse reactions (overall reaction rate of 1.43%), but donors aged 16 to 22 do experience more reactions (about 5%). To lessen the likelihood of a reaction, the blood center evaluates eligibility for these donors based on weight and height to determine blood volume.

Our staff is specially trained to respond to donor reactions. We also work to prevent them by having donors drink water just before they donate and showing them special muscle tensing exercises.

During automated blood collections, some easily resolved common side effects occur due to the anticoagulant, including numbness and tingling sensations, muscle cramping, and chilliness. Other possible complications include fatigue and decreased exercise tolerance for 3-5 days; very rarely, allergic reaction, shortness of breath, chest pain, decreased blood pressure, hemolysis (destruction of red blood cells), or air embolism (air leaking into blood vessels and heart) can occur.

If you have any questions, please contact the blood center at 800-256-5433.

Minor Donor Permit

Please be sure that you and your child have read the information provided. If required by your state or school, your child must bring this signed Minor Donor Permit form to be allowed to donate.

I have read the information provided about donating blood. I give permission for my child to donate and for that donation to be tested as explained below.

A sample from each blood donation will be typed and tested for hepatitis, syphilis, HIV (AIDS), HTLV, and other infectious agents as required by regulations. Additionally, samples may be acquired for approved research purposes. These tests are performed to protect the patients who receive blood. Positive test results will be disclosed as authorized by law and the donor and parent/guardian will be notified. In some cases, blood center staff may need to discuss test results with the donor.

Print Minor Donor's Name	Minor Donor's DOB (mm/dd/yyyy)	
Print Parent/Guardian's Name	Signature of Parent/Guardian	Date
On the day my child donates, I can be reached at this number:		

I understand that the results of any infectious disease test will be sent to and/or discussed with my parent/guardian as well as with me.

Donor Signature _____

Date _____