

Dear Parent or Guardian,

Your child has been asked to give the gift of life by donating blood at their high school blood drive. High school blood drives provide a special opportunity for students to learn about community service and the value of selflessly helping others. Students who donate blood in high school will normally continue after graduation. We hope you encourage your child to participate in blood donation. They are showing great civic responsibility, maturity, and a sense of community pride by becoming a blood donor.

Your child must be at least 16 years-old, be in good general health, and weigh at least 110 pounds. For female donors who are shorter than 5'4", or male donors shorter than 4'9", there are increased weight requirements. All 16-year-old donors must have parental consent to donate (see attached form). Parental consent is not required for donors that are at least 17 years old, but you might find this information helpful in discussing blood donation with your child.

Precautions are taken to ensure a safe and pleasant donation experience. Donors with no history of medical problems usually have no adverse reactions to donating blood. On occasion, there are donors that experience mild to moderate side effects due to donating blood, including feeling warm/sweaty, becoming pale, feeling faint or dizzy, upset stomach, bruising, swelling or redness at the needle insertion site, pain at the insertion site, feeling tired, hyperventilation, low blood pressure and headache. Less common side effects include fainting, muscle spasms, or on extremely rare occasions, nerve damage. Reactions to blood donation can occur at any time throughout the donation process, including after the donor has left the donation site.

On the day of donation, please make sure your child eats a good meal and is well hydrated. Please also make sure that your child has a good understanding of his/her health history prior to donation. Your child will be asked a series of questions that are personal in nature. They will be asked questions regarding any medications that they are currently taking and why they are taking them. There will be questions regarding intravenous drug use and travel outside the United States, along with other questions designed to increase the likelihood of a good donation experience for your child, and a safe blood product for the patients that will receive the blood. To ensure that we maintain a safe blood supply, it is imperative that these questions be answered honestly.

Testing is done on each donation to detect various infectious agents that can be transmitted by transfusion, including but not limited to HIV and hepatitis. If there are any abnormal laboratory results, the results will be released to your child, and will be shared with you if your child is 16 years old (**by signing CS-200-F-02, the last page of this packet, a 16-year-old child consents to this disclosure**).

However, if your child is at least 17 years old, results will only be released to the donor. All other health history information will be strictly confidential except as required by law.

Your child will be asked to read and sign the following donor consent on the day of donation:

I have reviewed the educational material provided to me regarding relevant transfusion-transmitted infections.

I agree not to donate if my donation could result in a potential risk to recipients as described in the donor educational material.

I understand that a sample of my blood will be tested for specified relevant transfusion-transmitted infections. I consent to the performance of the laboratory tests, including tests for Syphilis, HIV (AIDS), Hepatitis, and other viruses.

I understand that if either the results of my blood tests or the information on this form indicate that I should not donate because of a risk to the blood supply, Solvita will notify me, and may discuss with my parents if I am 16 years of age, that my donation will not be used, and my name will be entered on a list of people whose blood/blood components should not be accepted in the future.

I am fully informed of how these test results will be handled. I consent to the disclosure of all such test results to me and to any other party designated by me in writing, which shall include my parents if I am 16 years of age, or as required by the governmental authority or legal process. If my blood test results are either HIV positive or positive for certain other diseases, I understand the Solvita Blood Center is required by law to report my name and such positive test results to the State Health Department. I understand that if my donation is determined to be unsuitable or if I am deferred from donation, my donor record will identify me as ineligible to donate and I will be notified of the basis for my deferral and the period of deferral.

I have been provided and have reviewed information regarding the risks and hazards of the specific donation procedure. I have been provided the opportunity to ask questions and all of my questions concerning my donation have been answered to my satisfaction. I have truthfully, completely, and accurately answered all of the questions on the form.

I hereby voluntarily consent to donate my blood/blood components to be used as directed by Solvita.

I understand I have the right to withdraw my consent to donate at any time, for any reason.

If you have any questions or concerns regarding the donation process,
please call Solvita Blood Center at 855-SOLVITA or visit our website at www.solvita.org.

Dayton, Ohio 45402
www.solvita.org

Solvita Staff: Enter DID or DIN below:

THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED ONLY IF THE STUDENT
IS 16 YEARS OLD ON THE DATE HE/SHE DONATES BLOOD.

The Informational Letter for Parents and High School Blood Donors
does not have to be returned with this form.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMATION PROVIDED IN THIS **INFORMATIONAL LETTER FOR PARENTS AND HIGH SCHOOL BLOOD DONORS** (CS-200-F-02, pages 1 and 2), HAVE ASKED AND HAD ANSWERED ANY QUESTIONS I HAVE REGARDING THE DONATION OF BLOOD, HAVE THE LEGAL AUTHORITY TO CONSENT TO MY 16-YEAR-OLD SON/DAUGHTER DONATING BLOOD, AND I GIVE MY PERMISSION TO MY 16-YEAR-OLD SON/DAUGHTER TO DONATE BLOOD TO SOLVITA BLOOD CENTER.

Please print the following information in **black or blue ink**:

Donor Name (print): _____ Age: _____ Date of Birth: _____

High School (if applicable): _____ School Year (if applicable): _____

Name of Parent/Guardian: _____ Relationship: _____

Contact Number: _____

Parent/Guardian Signature: _____ Date: _____

16-Year-Old Signature: _____ Date: _____

16-Year-Old Parental Consent