

Parental Information on Student Blood Donation

Please return this form to the **school** prior to the drive.

Your son or daughter has expressed interest in donating blood with the Cape Cod Healthcare Blood Drive at their high school.

In Massachusetts, a minor who is at least 16 years old may become a blood donor, if the minor's parent agrees. A signed Consent for Blood Donation (see reverse side) for 16-year-old donors is required each time the minor donates. The Donation Process is listed below.

After age 17, the consent of the minor's parent is not required, but we do want to make sure you are informed of the donation process.

We hope that you will support and encourage your son or daughter to become a blood donor. By becoming a blood donor, your son or daughter is showing great civic responsibility, maturity and a sense of community pride. Through blood donation, your son or daughter can positively impact the health of a patient. In fact, all blood donated to Cape Cod Healthcare stays on Cape Cod and is used locally for our families, neighbors and friends.

THE DONATION PROCESS

There are 4 steps to the donation process:

- 1. Registration** – Each donor is required to present a picture ID with the donor's date of birth and complete a list of health-related questions.
- 2. Medical Evaluation** – The medical evaluation ensures safety for both the blood donor and recipients.
In order to donate, an individual must be in good health, be at least 16-years-old, and weigh 110 pounds. Each prospective donor will meet privately with a donor specialist who will check the donor's blood pressure, temperature and pulse, and take a small drop of blood from the donor's finger to test the donor's blood count (Hemoglobin level).
Please call us if you have any questions about donor eligibility at 1-508-86-BLOOD.
- 3. Blood Collection and Testing** – Blood is collected through a sterile needle inserted into the donor's arm. The actual blood donation takes about 10 minutes to ensure the safety of persons who may receive donated blood, all donated blood is tested for ABO blood typing, HIV (the virus that causes AIDS), hepatitis B and C, West Nile virus, syphilis, and other illnesses. All donor information is kept strictly confidential; however, if any of these screening tests are positive, we will inform the donor and when required by law his or her parent/guardian will be informed. In some cases, the donor's name may be entered in a registry of ineligible donors and we must inform certain government health agencies as required by law.

- 4. Refreshment and Relaxation** – After the donation, donors are encouraged to spend time in the refreshment area. Snacks and drinks are provided to replenish fluids and energy levels. Also, it is important that the donor drinks plenty of fluids in the 24 hours before, during and after donation.

Potential Risks. There are some potential risks in donating blood, including: discomfort, swelling and bruising at the needle site; fainting and convulsions; injury to blood vessels or nerves; infection; and local blood clot. These risks are relatively uncommon.

If your 16 year old son or daughter wants to donate and you agree to proceed with blood donation, please read, sign and return the 16 year old *Consent for Blood Donation* section on the reverse side.

If your 17 year old or older son / daughter wishes to donate, please sign the appropriate section on the reverse side.

(forms on reverse side)

Consent for Blood Donation

If your son or daughter is 16 years old please sign that you have read and discussed the Parental Information (on the reverse side) and are giving permission for them to donate blood. Return the signed form prior to the blood donation date.

I, _____ give permission for my son/daughter to donate blood.
NAME of PARENT or GUARDIAN (PRINT)

Signature: _____ Date: _____

Name of Student (PRINT): _____ Date of Birth: _____

Address: _____ State: _____ Zip: _____

Telephone number(s) where the parent / guardian can be reached during the drive:

_____ or _____

If your student is 17 and over, please sign below therefore acknowledging that you have read and discussed the Parental Information (on the reverse side). Return the signed form to school prior to the blood donation.

I have read and discussed the Blood Donation Brochure provided to my son or daughter over 17 years old.

Name of Parent or Guardian (PRINT): _____ Date: _____

Name of Student (PRINT): _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Please return this form to the **school** prior to the drive.

Remind your student to eat a good breakfast that day and drink plenty of fluids the day before, day of and day after the drive. Strenuous activities are not permitted the day of the drive but can resume the day after.

If you have any questions, please contact the Cape Cod Hospital Blood Donor Center at 508-862-5663. Blood Donor Services, Cape Cod Hospital, 27 Park Street, Hyannis, MA 02601

Thank you for your support of the needs of the patients at Cape Cod Hospital and Falmouth Hospital!

