## PARENT/GUARDIAN PERMISSION

# FEEL GOOD. GIVE BLOOD.

**BLOOD DRIVE DATE:** _____

**TO DONATE BLOOD, YOU MUST:**

- ✓ **Be at least 16 years old. (Signed parental permission required for all 16-year-olds and by some sponsor groups for donor who are 17 and older.)**
- ✓ **Weigh at least: 125 lbs. if 16 or 17 years old 110 lbs. if 18 or older**
- ✓ **Eat a good meal AND drink plenty of fluids before & after donating.**
- ✓ **Get a good night's sleep before donating.**

**PRESENT A PHOTO ID**

Our Blood Institute

Scan this QR code with your smart phone for Blood Donor Educational Materials

Scan this QR code with your smart phone for tips on having a successful donation experience.

Detach

**YES, sign me up!** **Return this form with signed permission, if required.**

| | |
|---|---|
| **Name** | **Date of Birth** |
| **Street Address** | **City/State/Zip** |
| **Phone** | **Email Address** |

## CLASS SCHEDULE

| | PERIOD | CLASS/INSTRUCTOR | ROOM NO. |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |

Facility Name: Sylvan N. Goldman Oklahoma Blood Institute 1001 N. Lincoln Blvd., Oklahoma City, Oklahoma 73104. The official copy of blood bank documentation is the electronic copy on file with the local area network. The official copy of records created from forms is paper unless designated otherwise.

Apply Location sticker here
OR
Insert Location code _____

Print Date: 25 Aug 2025

# PARENT/GUARDIAN PERMISSION

## BLOOD DONORS MUST:

- **Be at least 16 years old.** (Signed parental permission required for all 16-year-olds and by some sponsor groups for donors who are 17 and older.)
- **Weigh at least 125 lbs. (if 16 or 17 years old) or 110 lbs. (if 18 or older)**
- **Eat a good meal AND drink plenty of fluids before & after donating.**
- **Get a good night's sleep before donating.**
- **Present a Photo ID.**

## BLOOD DONATION INCLUDES:

**Registration –** A series of questions are asked, including your name, address, phone number, etc.

**Mini-Physical –** A series of questions are asked regarding your health history. You will be asked to review donor educational materials. Your temperature, blood pressure, pulse, and hemoglobin level (a fingerstick test to make sure you have enough red blood cells to donate) will be checked.

**Blood Donation –** You will be asked to recline in a donor chair. A phlebotomist will prepare your arm by cleansing it. A sterile, disposable single-use-only needle will be used to collect the blood.

- A whole blood donation is performed by using a sterile, disposable single-use-only needle that is attached to a blood bag. Whole blood donation usually only takes about 20 minutes to donate one unit (about a pint).
- Automated donations are performed by using special machines that allow blood to be collected and separated into components. The desired component is collected, and the remaining components are returned to the donor along with a saline solution to replace fluids. This process is performed using a disposable, single-use-only needle that is attached to a disposable, sterile single-use-only kit that is inserted into the machine. No blood ever touches the machine.

**After Donation –** You are encouraged to relax in our refreshment area and enjoy some juice and snacks to replenish your body before resuming activities.

**Preventing Reactions –** During and after donating, most donors have a pleasant experience. Occasionally, a donor may experience dizziness, weakness, or even faint. Often, this can be prevented by eating and drinking well before donating. The most common risk associated with blood donation is tenderness or slight bruising at the site where the needle was inserted. Our employees are trained to handle donor reactions. That care is given under the direction of a physician.

**Donor Testing –** Blood will be tested for certain characteristics, including tests for Hepatitis B, Hepatitis C, HIV, and Syphilis. Donors will be notified of confirmed positive test results by letter or telephone call. By state law, certain positive infectious disease test results must be reported to local health departments, the Oklahoma State Health Department, the Texas State Health Department, or the Arkansas State Health Department.

**Parent/Guardian: To discuss any concern after your student's donation, or if you believe your student's blood may be harmful if given to a patient, please call 1-800-375-7654.**

Detach

## PLEASE KEEP THIS INFORMATION

## PARENT/GUARDIAN PERMISSION

Please encourage your student to take part in the selfless and life-saving act of donating blood. By allowing your child to become a blood donor, you are encouraging him or her to demonstrate great Civic responsibility, maturity and a sense of community pride.

Blood Institute Use ONLY
Apply DIN Sticker

**THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED TO BLOOD CENTER STAFF ON THE DAY OF DONATION**

I, the parent or legal guardian of the individual listed below, hereby authorize and approve my child to give a voluntary blood donation, either whole blood or automated. By providing my consent, I acknowledge that I have read the information provided and give permission for my child to undergo all tests and procedures required for the blood donation process, including any additional testing as directed by a blood center physician as well as medical care should he or she experience a donor reaction. I understand the procedure of collecting blood is recognized as safe, but blood donation is not without risk. Risks include, but are not limited to, lightheadedness, nausea, fainting, passing out, falling with injury/soreness, bruising, and nerve injury at or near the phlebotomy site. Long-term injuries and fatalities are rare but have been reported. Sometimes a blood donation phlebotomy procedure may bring about a need for additional medical treatment. Once your consent to donate is submitted for the individual listed below, the parent/legal guardian authorization is good for one donation in the next 30 days.

**PRINT LEGIBLY IN BLUE OR BLACK INK**

| | |
|---|---|
| **Donor's Printed Name** | |
| **Date of Birth** | **School (if applicable)** |
| **Parent/Legal Guardian Printed Name** | **Parent/Legal Guardian Phone Number** |
| **Parent/Legal Guardian Signature** | **Date** |