



**Blood Donor Services**

615 S. New Ballas Road  
St. Louis, MO 63141

**Parental Consent For Blood Donations**

Your child can make a lifesaving difference to people in our community by giving less than an hour of their time at their upcoming high school blood drive. The need for blood to meet the hospital’s patient needs is growing. Your child’s donation is a lifesaving gift for Mercy Hospital patients. The process is safe, easy, and rewarding.

Donors may give blood at the age of sixteen with the written consent of a parent or legal guardian. They must also meet other blood donation requirements before donating, which include a minimum weight of 115 pounds and general good health. Please be assured that every blood donor is thoroughly evaluated prior to donation to ensure that they meet these requirements.

There are three steps to the donation process:

- 1. Medical Evaluation** - Ensures safety for both the blood donor and recipient. A series of self-administered questions will pre-qualify a potential donor. A short physical exam will record blood pressure, pulse, temperature and hemoglobin (iron) levels. All donor information is kept strictly confidential.
- 2. Blood Draw** - Takes between five and ten minutes. Blood Donor Services staff will use only sterile, disposable equipment to draw one unit (approximately one pint) of blood. After the procedure is complete, the arm will be cleaned and bandaged.
- 3. Refreshment and Relaxation** - Over the next 10-15 minutes, donors are encouraged to spend the time in the refreshment area. Snacks and drinks are provided to replenish fluid and energy levels.

Most donors feel fine throughout this process. However, occasionally a donor may experience weakness, dizziness, fainting or bruising. Please note: To help prepare for donation, your child should eat a meal and drink plenty of fluids at least two hours prior to donating.

If you have any question or concern about blood donation, please contact us at 314-251-4483.

**Please fill out completely. THIS FORM IS REQUIRED FOR BLOOD DONATION BY 16-YEAR OLD DONORS.**

**Donor Unit Number**

**Parent/Legal Guardian:** Please complete this section and sign in ink. The donor’s legal name and last four digits of the Social Security number is required. Please do not use abbreviations or nicknames. A new consent is required for each donation until age 17. A picture ID with date of birth for donors (two other forms of ID with proof of age are also acceptable).

I understand that my child will be notified by mail of positive test results(s) and for follow-up testing if necessary. Additionally, if blood tests reveal evidence of reportable infectious disease, I understand that Mercy Hospital St. Louis Blood Donor Services may inform the appropriate government agencies and anyone else permitted by law. I also understand that there are certain risks associated with these procedures including, but not limited to, fainting, bruising, nerve injury, and anemia.

I have read and understood the information provided on this form about blood donation. I give my consent for \_\_\_\_\_ to donate blood.

**(Please Print)** First Name                      Middle Initial                      Last Name

Donor’s Birth Date: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
Please Print

Parent/Legal Guardian Address: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ Date: \_\_\_\_\_