

Parental Consent Form for Blood Donation

Minor Information:

Full Name: _____

Date of Birth: _____

Address: _____

School Name: _____

Parent/Guardian Information:

Full Name: _____

Phone Number: _____

Relationship to Minor: _____

Health Declaration:

My child is in good health and meets the requirements for blood donation.

Consent:

I, the parent/guardian, give my full consent for my child to donate blood voluntarily.

Signatures:

Parent/Guardian Signature: _____ Date: _____

Minor Signature: _____ Date: _____

For Official Use:

Staff Name: _____

Donation Date: _____