

# Directed Blood Donation

## Parental/Guardian consent for 16- and 17-year-olds



By California law, all 16-year-olds must have a parent's or legal guardian's permission to give a directed donation. **Additionally**, California law requires anyone under the age of 18 to have a parent's or legal guardian's permission to donate when their donation will be screened with an investigational (research) test. Donated blood is used by Stanford Blood Center for any use it deems advisable, including research, and any rights or ownership with respect to the donated blood is relinquished by the donor.

**Please note, if consent is not properly completed and signed, with an indelible blue or black ballpoint pen only, minor will not be allowed to donate. Different colored inks, pencil, felt-tipped pens and white out are not permitted.**

### Section 1: to be completed by parent or guardian

By signing this form, I acknowledge that I have reviewed the blood donation materials provided in the SBC informational handout, or by accessing SBC's website, <http://bloodcenter.stanford.edu>, including research information. In the event of an unexpected screening test result, only the donor will be notified. In the event of a reaction, trained staff will administer appropriate treatment as delineated in SBC procedures.

Donor's full name (please print) \_\_\_\_\_

Donor's Date of birth \_\_\_\_\_  
(mm/dd/yy)

To donate blood with Stanford Blood Center on: \_\_\_\_\_  
Date (mm/dd/yy)

Name of parent/legal guardian (please print) \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_

\_\_\_\_\_  
Date (mm/dd/yy)      Best number to call

### Section 2: to be completed by blood donor

By signing this form, I acknowledge that I have reviewed the blood donation materials provided in the SBC informational handout, 05-F79, or by accessing SBC's website, <http://bloodcenter.stanford.edu>, including research information. In the event of an unexpected screening test result, only I will be notified.

\_\_\_\_\_  
Donor signature

\_\_\_\_\_  
Date (mm/dd/yy)

Date      Initials

Registrar: \_\_\_\_\_  
Charge Nurse: \_\_\_\_\_