

Community Blood Donation

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



By California law, all 16-and 17 year-olds must have a parent's or legal guardian's permission to give a community blood 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 smear proof blue or black ballpoint pen only, minor will not be allowed to donate. Different colored inks, pencil, marker pens and correction fluid are not permitted. The current version of the form is 14.0. No other version will be accepted.

Section 1: to be completed by parent or legal guardian

By signing this form, I acknowledge that I have reviewed the blood donation materials and potential adverse effects related to the donation, provided in the SBC informational handout or by accessing SBC's website, <http://stanfordbloodcenter.org>. In the event of an unexpected infectious disease 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/yyyy): _____

To donate blood with Stanford Blood Center on (mm/dd/yyyy): _____

Name of parent/legal guardian (please print): _____

Signature of parent/legal guardian: _____

Date (mm/dd/yyyy)

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 or by accessing SBC's website, <https://stanfordbloodcenter.org/donate/am-i-eligible-to-donate-blood>. In the event of an unexpected infectious disease screening test result, only I will be notified.

Donor signature: _____

Date (mm/dd/yyyy): _____

	Date	Initials	
Field Recruiter	_____	_____	<input type="checkbox"/> N/A
Registrar	_____	_____	