



Blood Donor Services Staff Use Only		
Site Code	Donation Date	Donor File #

**If you are 16 years old, you must weigh at least 135 pounds.**

Dear Parent or Guardian:

Your 16-year-old has expressed interest in donating blood at an upcoming blood drive at their high school.

Blood donation is a safe procedure involving single-use, sterile supplies. Your child will be asked to complete a confidential screening form with questions regarding their general health, recent travel, sexual contacts and drug use to determine if they are eligible to donate blood. In addition, your child will have their blood pressure, heart rate and temperature assessed by a skilled staff member in a private setting.

Each blood donation includes laboratory tests for hemoglobin as well as infectious diseases including hepatitis, syphilis, HIV and other diseases that can be transmitted by blood. Any positive results will be confidentially reported by a Cedars-Sinai transfusion medicine physician to the donor and the parent/guardian and, in some instances, to the California Department of Public Health as required by law.

Your child is required to bring photo identification with them at the time of donation. There is a mandatory 15-minute recovery period following donation, and your child will be given post-donation instructions. Although rare, some donors may experience an adverse reaction during blood collection or within a few hours of donating. Occasionally, donors may experience fatigue, nausea, chills, fainting, bruising or tenderness at the needle site. Should your child experience any adverse reaction, they should return to the blood drive for immediate attention while we are still on-site or call Cedars-Sinai Blood Donor Services at 310-423-4170.

You may call Blood Donor Services at the above phone number or visit [cedars-sinai.org/donateblood](http://cedars-sinai.org/donateblood) for pre-donation information.

We hope that you support and encourage your child's desire to donate blood; however, participation is entirely voluntary and requires your consent. Blood is a lifesaving community resource donated by caring individuals and we are grateful for your consideration.

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*My signature below indicates I have read and understood the information above. I understand there are rare risks involved with blood donation. I understand these risks. I understand that my child's blood will be tested for the diseases listed above and that some positive test results by law must be reported to the Department of Health. I hereby give permission for my child to make a blood donation to Cedars-Sinai Blood Donor Services.*

Donor Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Blood Donor Services**

8700 Beverly Blvd., Suite 1690, Los Angeles, CA 90048  
 310-423-4170 [blooddonorservices@cshs.org](mailto:blooddonorservices@cshs.org) [cedars-sinai.org](http://cedars-sinai.org)