



Dear Parent or Guardian,

Your 16 year old has expressed interest in donating blood at an upcoming blood drive. **New York State requires that 16 year olds obtain written permission from their parent or guardian in order to donate blood.** As such, we need your assistance by completing the attached parental permission form.

Please read the enclosed Blood Donor Educational Material for important donation and FDA required testing information. If you have any questions regarding the information, please call 716-529-4272 Monday through Friday from 8:00 AM to 5:00 PM. Someone will follow up with you within 24 hours.

Blood donation is a safe procedure for your 16 year old, performed using a sterile single-use needle and supplies. Before donation, time is also taken to make him/her feel comfortable and to answer any questions they may have in a private and confidential manner. Please note that the FDA also requires that health history questions and a physical assessment consisting of a blood pressure, pulse and temperature check be done prior to donation. Donors must also weigh at least 120 pounds.

From one donation three separate blood components can be obtained, so your student has the ability to help save as many as three lives with one blood donation. *We hope that you will encourage your student's decision to become a blood donor and save lives in Western New York.*

If you have any questions or concerns regarding donation, please contact us or the school's blood drive coordinator. If you would like to be a donor yourself, please call 529-4270 or visit unyts.org to make an appointment for a blood drive in your area.

Thank you for supporting your student's decision to assist the local community.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Wolter".

Michael Wolter
Vice President of Blood Services

Please encourage your child to prepare for donation: Increase iron rich foods, Get a full nights rest by going to bed early, Eat a full breakfast and drink plenty of water on the day of donation.

**New York State: Informed Parental Permission
For a 16 Year-Old to Donate Whole Blood**

****FORM MUST BE COMPLETED IN INK****

I hereby grant my son, daughter or ward _____ permission to donate whole blood
(PRINT child's name)
to Unyts Community Blood Service. I understand that I am required to sign a permission form for each blood
donation my student wishes to give until his or her 17th birthday.

I have received and read a copy of the Blood Donor Educational Materials with important donation and FDA
required testing information. I understand the information provided to me, and I have had an opportunity to ask
questions about the information it contains. I also understand that any follow up communication pertaining to
this donation, including any reports of positive blood test results, will take place with the donor.

Unyts Community Blood Service is required to inform the Department of Health of all donors with a confirmed
positive HIV test. Any positive HIV donor will be asked by the Health Department to cooperate in contact
notification activities including notifying any named contacts.

Parent/Guardian Signature _____ Date _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Parent/Guardian: _____

Home Address of Parent/Guardian: _____

Parent/Guardian Emergency Contact Phone Number: _____

Student Name: _____ Date of Birth: _____

School Name and Town: _____

**NOTE: This form, signed by the Parent/Guardian AND the Student's Photo ID for every donation
MUST be brought to the blood drive.**

