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 716-529-4270 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 ConnectLife.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,

Matthew Mowrey  
Senior Director of Blood Operations

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**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 ConnectLife 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.

ConnectLife 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.
YOU MUST READ THIS BEFORE YOU DONATE!

- Your accurate and honest responses are critical to the safety of patients who receive blood transfusions.
- Each question is necessary to fully evaluate the safety of your donation.
- As required by regulations, we are instructing you not to donate blood if you have a risk factor.
- If you don’t understand a question, ask the blood center staff for assistance.
- YOUR RESPONSES ARE CONFIDENTIAL.

To determine if you are eligible to donate, we will:

- Ask about your health and medications you are taking or have taken.
- Ask if you have traveled to or lived in other countries.
- Ask about your risk for infections that can be transmitted by blood – especially HIV (which is the virus that causes AIDS), and viral hepatitis.
- Take your blood pressure, temperature, and pulse.
- Take a blood sample to be sure your blood count is acceptable before you donate.

If you are eligible to donate, we will:

- Clean your arm with an antiseptic (Tell us if you have any skin allergies).
- Use a sterile needle and tubing set to collect your blood.
- We NEVER reuse a needle or tubing set.

WHAT HAPPENS AFTER YOUR DONATION

To protect patients, your blood is tested for hepatitis B and C, HIV, syphilis, and other infections. If your blood tests positive, it will not be given to a patient. You will be notified about any positive test result which may affect when you are eligible to donate in the future. There are times when your blood is not tested. If this occurs, you may not receive any notification. The blood center will not release your test results without your written permission unless required by law (e.g., to the Health Department).

DONOR ELIGIBILITY – SPECIFIC INFORMATION

Certain infectious diseases, such as HIV and hepatitis, can be spread through:

- Sexual contact
- Other activities that increase risk
- Blood transfusion

We will ask specific questions about sexual contact and other activities that may increase risk for these infections.

What do we mean by “sexual contact?”

The words “have sexual contact with” and “sex” are used in some of the questions we will ask you. These questions apply to all of the activities below, whether or not medications, condoms or other protection were used to prevent infection or pregnancy:

- Vaginal sex (contact between penis and vagina)
- Oral sex (mouth or tongue on someone’s vagina, penis, or anus)
- Anal sex (contact between penis and anus)

A “new sexual partner” includes the following examples:

- Having sex with someone for the first time
- Having had sex with someone in a relationship that ended in the past, and having sex again with that person in the last 3 months.

HIV/Hepatitis risk factors

HIV and hepatitis are spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person to inject drugs.

DO NOT DONATE if you:

- Have EVER taken any medication to treat HIV infection.
- Are taking any medication to prevent HIV infection. These medications may be called: PrEP, PEP, TRUVADA, DESCovy, APREtuDe or many other names.

FDA-approved antiretroviral drugs are safe and effective in preventing sexual transmission of HIV. However, these antiretroviral drugs do not fully eliminate the virus from the body, and donated blood can potentially still transmit HIV infection to a transfusion recipient.

DO NOT STOP TAKING ANY PRESCRIBED MEDICATIONS IN ORDER TO DONATE BLOOD, INCLUDING PrEP and PEP MEDICATIONS.

DO NOT DONATE if you:

- Have EVER had a positive test for HIV infection.
- In the past 3 months:
  - Have had sexual contact with a new partner and have had anal sex.
  - Have had sexual contact with more than one partner and have had anal sex.
  - Have had sexual contact with anyone who has ever had a positive test for HIV infection.
  - Have received money, drugs, or other payment for sex.
  - Have used needles to inject drugs, steroids, or anything not prescribed by your doctor.
  - Have had syphilis or gonorrhea or been treated for syphilis or gonorrhea.
- In the past 12 months:
  - Have been in juvenile detention, lockup, jail or prison for 72 hours or more consecutively.
  - Have EVER had Ebola virus infection or disease.
DO NOT DONATE if you have these symptoms which can be present before you test positive for HIV:
- Fever
- Enlarged lymph glands
- Sore throat
- Rash

Your blood can transmit infections, including HIV, even if you feel well and all your tests are normal. Even the best tests cannot detect the virus for a period of time after you are infected.

DO NOT DONATE:
- If you think you may be at risk for HIV or other infections.
- If your purpose for donating is to obtain test results for HIV or other infections. Ask us where you can be tested for HIV and other infections.
- If your donation might harm the patient who receives your blood.

If you have questions now or anytime during the screening process, please ask center staff

THANK YOU FOR DONATING BLOOD TODAY!