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,

Marianne Gehen
Senior Director 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 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.