Parental Information on Blood Donation

Your son or daughter has expressed interest in donating blood with Versiti Wisconsin, Inc. In Wisconsin, a minor who is at least 16 years old may become a blood donor, if the minor’s parent/guardian agrees. After age 17, the consent of the minor’s parent is not required. A Parental/Guardian Consent to Donate form for 16-year-old donors is required each time the minor donates. This form will provide you and your son or daughter with important information about blood donation.

We hope that you will support and encourage your son or daughter to become a blood donor. By becoming a blood donor, your son or daughter is showing great civic responsibility, maturity and a sense of community pride. Through blood donation, your son or daughter can positively impact the health of a patient.

The Donation Process. There are four steps to the donation process:

1. **Registration** – Each donor is required to present a picture ID with the donor’s date of birth and complete a list of health-related questions.

2. **Medical Evaluation** – The medical evaluation ensures safety for both the blood donor and recipients. In order to donate, an individual must be in good health, be at least 16-years-old, and weigh at least 110 pounds (see below for additional height and weight criteria). Each prospective donor will meet privately with a donor specialist who will check the donor’s blood pressure, temperature and pulse, and take a small drop of blood from the donor’s finger to test the donor’s blood count.

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<tr>
<th>MALES</th>
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<tbody>
<tr>
<td>If you are:</td>
<td>4’ 10”</td>
<td>4’ 11”</td>
</tr>
<tr>
<td>You must weigh at least:</td>
<td>120lbs.</td>
<td>115lbs.</td>
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<tr>
<th>FEMALES</th>
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<tbody>
<tr>
<td>If you are:</td>
<td>5’ 1”</td>
<td>5’ 2”</td>
<td>5’ 3”</td>
<td>5’ 4”</td>
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<tr>
<td>You must weigh at least:</td>
<td>133lbs.</td>
<td>129lbs.</td>
<td>124lbs.</td>
<td>120lbs.</td>
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*Females: If you are shorter than 5’ 1”, you may still be eligible to donate blood. Call our Record Review Department at 414-937-6070 to ask about your eligibility.

3. **Blood Collection and Testing** – Blood is collected through a sterile needle inserted into the donor’s arm. The actual blood donation takes about 10 minutes. To ensure the safety of persons who may receive donated blood, all donated blood is tested for ABO blood typing, HIV (the virus that causes AIDS), hepatitis B and C, West Nile virus, syphilis, and other illnesses. All donor information is kept strictly confidential; however, if any of these screening tests are positive, Versiti Wisconsin will inform the donor and his or her parent/guardian. In some cases, the donor’s name may be entered in a registry of ineligible donors and we must inform certain government health agencies as required by law.

4. **Refreshment and Relaxation** – After the donation, donors are encouraged to spend time in the refreshment area. Snacks and drinks are provided to replenish fluids and energy levels. Also, it is important that the donor drinks plenty of fluids in the 24 hours after donation.

**Potential Risks.** There are some potential risks in donating blood, including: discomfort, swelling and bruising at the needle site; fainting and convulsions; injury to blood vessels or nerves; infection; and local blood clot. These risks are relatively uncommon.

**Questions?** If you have any questions or concerns about blood donation, please contact us at 414-937-6070 or visit our website at [https://www.versiti.org/](https://www.versiti.org/).

If you and your son or daughter wants to proceed with blood donation, please read and sign and return the Parental/Guardian Consent to Donate form with your child when they come to donate.
Parental/Guardian Consent to Donate

Complete the following information in ink

Name of Minor/Ward: ___________________________

Minor/Ward Date of Birth: _______________________

Address: ______________________________________

City/State/Zip: __________________________________

Telephone Number Where Parent/Legal Guardian Can Be Reached During Donation: _______________________

- The minor listed above is at least 16 years old.
- I have read and understand the information provided to me about blood donation.
- I am voluntarily donating blood to BloodCenter of Wisconsin, and agree BloodCenter of Wisconsin may use or transfer my blood or blood components for any purpose it deems appropriate, including transfusion, research, or commercial purposes.
- I understand that all donated blood is tested for ABO blood typing, syphilis, HIV (the virus that causes AIDS), West Nile virus, hepatitis B and C, and other tests.
- I consent to blood donation by the minor listed above.

X ___________________________ (Signature of Parent/Legal Guardian) ___________________________ (Print Name) ___________________________ (Date)

Disclosure of Screening Test Results. By signing below, I (the minor listed above) authorize BloodCenter to inform me and my parent/legal guardian of any positive blood screening test results (including HIV test results). If I am considered an ineligible donor because of my testing results or other information, I will be deferred and my donor record will identify me as ineligible. BloodCenter will contact me to tell me the reason I am not eligible to donate, and the time period for which I am deferred and should not attempt to donate. State and federal laws may require BloodCenter to notify governmental agencies of certain testing results. BloodCenter complies with these laws and will communicate testing results as required. I understand that HIV test results may also be disclosed to other authorized persons as governed by Wisconsin law. A list of persons to be notified and reasons that may lead to disclosure of HIV test results is available upon request. I give permission to release HIV test results to BloodCenter doctors and their assistants. This consent to disclosure is effective upon signing. I understand that a new form is required each time I donate.

X ___________________________ (Signature of Minor) ___________________________ (Print Name) ___________________________ (Date)