DIN (Donation Identification Number)

(BDC Staff Only)

THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED ONLY IF THE STUDENT IS 16-YEARS-OLD ON THE DATE THAT HE/SHE DONATES BLOOD.

The information Letter for Parents and High School Blood Donors does not have to be returned with this form.

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To Be Completed by Parent:
Thank you for providing your consent for your child to donate blood. The Blood Donor Center must collect 40 pints of blood each day to support the patients within the Cape Fear Valley Health System. High school students donate a significant amount of units each year, making a lifesaving difference for thousands of people. Please complete form in ink.

Name of Minor:		
Minor Date of Birth:		
Address:		
City/State/Zip:		
Important Information About Donation: Donating blood is a safe and simple process. However, I un associated with donating blood, including bruising, dizzines donors to follow the post-donation instructions provided complications after the donation is completed. For additiona (910) 615-LIFE or visit www.savingliveslocally.org . The minor listed above is at least 16 years old. I have read and understand the information provided.	ss, fainting, nausea and even more rar d by blood center staff in order to d information please call Cape Fear Va ded to me about blood donation.	ely, nerve injury. It is important for help manage or avoid developing lley Blood Donor Center at
 I understand that the minor listed above will answer. I understand that all donated blood is tested for AE hepatitis B and C, and other tests. I understand positive test results will be disclosed a mail. In some cases, blood center staff may need to I understand as a result of positive testing, the done Per North Carolina law, it is the donor's (minor list discussion. 	SO blood typing, syphilis, HIV (the virus authorized by law, and the donor (midiscuss test results with the donor (minor will be placed on a confidential list or	s that causes AIDS), West Nile Virus, nor listed above) will be notified by certified or listed above). f permanently deferred donors.
I HEREBY GIVE MY CONSENT FOR MY MINOR O BLOOD TO CAPE FEAR VALLEY BLOOD DONOR	CHILD, WHO IS AT LEAST 16 Y	EARS OF AGE, TO DONATE HIS/HER
\mathbf{x}		
Signature of Parent	Print Name	Date
Telephone number where Parent/Guardian can be reached d	luring or immediately after donation:	
To Be Completed by Minor: By signing below, I (the minor listed above) understand that my eligibility to donate blood, including the results of testing each time I donate until my 17th birthday. I understand that confirm their permission for me to donate blood.	g for HIV (the AIDS virus). I understar	ed that a new parent consent form is required
X		
Signature of Minor	Print Name	Date