



Community Blood Center
Community Tissue Services*

Dayton, Ohio 45402

www.givingblood.org

CBC Staff: Enter DID or DIN below:

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

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

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMATION PROVIDED IN THE INFORMATIONAL LETTER FOR PARENTS AND HIGH SCHOOL DONORS (CS-200-F-02), HAVE ASKED AND HAD ANSWERED ANY QUESTIONS I HAVE REGARDING THE DONATION OF BLOOD, HAVE THE LEGAL AUTHORITY TO CONSENT TO MY 16-YEAR-OLD SON/DAUGHTER DONATING BLOOD, AND I GIVE MY PERMISSION TO MY 16-YEAR-OLD SON/DAUGHTER TO DONATE BLOOD TO COMMUNITY BLOOD CENTER.

Please print the following information in **black or blue ink**:

Donor Name (print): _____ Age _____ Date of Birth: _____

High School (if applicable): _____ School Year (if applicable): _____

Name of Parent/Guardian: _____ Relationship: _____

Contact Number: _____

Parent/Guardian Signature: _____ Date: _____

16 Year Old Student Signature: _____ Date: _____

Parental Consent for 16 year-old Donors

CS-200-F-03
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