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## North Carolina Parental/Guardian Consent Form for Blood Donation

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Your student's high school partners with Community Blood Center of the Carolinas (CBCC) to save lives through blood donation. CBCC is the primary blood supplier to our local hospitals, including Gaston Memorial Hospital, Piedmont Medical Center in Rock Hill, and the Carolinas HealthCare System in the greater Charlotte region. Every unit of blood collected by CBCC stays here, to be used to save the lives of patients in our own local hospitals.

Your son or daughter has expressed interest in blood donation at the school's upcoming blood drive. Donors may give blood at the age of sixteen. Your child's high school has asked for parents to please sign a consent form for your child before they donate. All donors must meet other requirements before donating, which include weighing at least 120 lbs. and being in good general health. Every donor is evaluated prior to donation to ensure that they meet these requirements. Photo ID with date of birth is required for all donors.

We hope that you will support and encourage your teen's interest and desire to donate blood. We believe blood donation is a tremendous demonstration of human compassion and community service, the value of which is measured in lives saved.

If you have any questions about blood donation please contact us at 704.972.4700 or visit our website at [www.cbcc.us](http://www.cbcc.us) for additional information.

Donating blood will give your child the opportunity to save the lives of people right here in our community. Thank you for your consideration.

Parent/ Legal Guardian: Please complete this section in ink.

I understand that my child will be notified by mail of a positive test result(s) and for follow-up testing if necessary. Additionally, if blood tests reveal evidence of reportable infectious diseases, I understand that the blood center may inform the appropriate governmental agencies and anyone else required by law. I also understand that there are certain risks associated with these procedures including, but not limited to, fainting, bruising, nerve injury and anemia.

I have read and understand the information provided on this form about blood donation. I give my consent for:

\_\_\_\_\_ (Donor's Legal Name) to donate blood.

Signature of parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

I confirm that the consent given based on the above signature is that of my parent/Guardian.

Blood Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_