



Permission for Minor to Donate Form
LifeSouth Community Blood Centers

Minor's Name (print):	Birth Date:
Age: <input type="checkbox"/> 17 years old <input type="checkbox"/> 16 years old	Last 4 Digits of SSN:

I verify that my child is or will be 16 years or older on the date of donation, weighs 110 lbs. or more, is in good general health, and is able to donate blood. I acknowledge that I have read and understand the information provided in the *Information Sheet for Parents of Minors Donating Blood* document. I give permission for my minor child, listed above, to donate blood.

By signing this consent, I authorize the blood center to collect blood from my minor child at all future blood drives unless I call the blood center or provide specific notice in writing to the blood center that my minor child may no longer donate blood. I understand that my minor child may be asked to participate in an apheresis donation and that there are additional risks associated with this type of donation.

Printed Name of Parent/Guardian:	
Parent/Guardian Address:	
Parent/Guardian Daytime Phone Number:	
Parent/Guardian Signature: _____ <i>(Use blue or black ink only)</i>	Date Signed: _____

Internal Use Only:

DIN sticker or Visit ID:
