ARUP® BLOOD SERVICES

500 Chipeta Way, Salt Lake City, Utah 84108-1221
phone: (801) 584-5272 toll free: (800) 242-2787 ext. 5272
fax: (801) 584-5056 web: www.utahblood.org

Dear Donor Parent,

In order to provide essential information to you about your child's blood donation, please read and sign below to indicate that you understand the information to be asked of your child. Websites and phone numbers are listed below where you can obtain additional information about this process. Thank you for allowing your child to participate in this life-saving program.

- I understand that the words "sexual contact" and "sex" are defined in an information pamphlet that my son/daughter will be asked to read and are used in some of the questions that will be asked of my son/daughter during the donor eligibility screening process. I also understand that my child will be asked about pregnancy and transfusion history.

- I understand that the Food and Drug Administration (FDA) regulates donor eligibility and collection policies and that ARUP Blood Services follows those regulations.

- I understand that my child's blood will be tested for those tests required by the FDA. I understand that Utah State laws protect the disclosure of certain test results and that ARUP Blood Services will require a signed authorization from my son/daughter in order to release test results to anyone but my child unless required by state or federal law. (A patient authorization form is available upon request.)

- I understand that the procedures used to collect blood are safe but that blood donation is not entirely without risk. I understand that a very small percentage of people experience donation reactions, which can include: lightheadedness, nausea, bruising of the arm or fainting. If my son/daughter experiences a blood donation reaction, I give permission for ARUP Blood Services staff to treat my child as needed to make him/her feel better. I understand that typical treatment usually includes ice packs and elevating the legs, however, intravenous infusion of fluids may be necessary at times.

- I understand that if my son/daughter has a good meal and drinks plenty of fluids the day before and the day of the donation, chances of reactions will be reduced.

_____	____/____/____	_____
Guardian's Signature	Date	Telephone Number

- Signed parental permission is valid for one donation only.
- All donors **must** be age 17 or older on the date of donation and will be asked to show picture identification with date of birth.
- If you would like to obtain more information regarding the donation process, donor information packets can be obtained from your school or you may visit the FDA website at http://www.fda.gov/cber/gdlns/donorhistques.htm
- If you have questions, please contact ARUP Blood Services at (801) 584-5272.

I, _____, give permission for my son/daughter,
(Print guardian's name)

_____, to donate blood with ARUP Blood Services.
(Print donor's name)