

IMPORTANT INFORMATION FOR PARENTS

Parent/Guardian of donors who are 17 years and older, should fill out the top portion of the form (down to dotted line).
 16 year-old donors require both a Parent/Guardian signature and a Physician's authorization.
 The entire form must be filled out for 16-year-old donors. Thank you.

AUTHORIZATION FORM for HIGH SCHOOL VOLUNTEER BLOOD DONORS AND 16-YEAR-OLD VOLUNTEER BLOOD DONORS

I _____, _____
Parent or Guardian Relationship

give my consent for _____ to donate blood.
Student

Parent or Guardian Signature Date

Volunteer Blood Donors must be at least 16 years old.
 For more information visit www.sandiegobloodbank.org or call 1-800-4MY-SDBB (1-800-469-7322)

Parent / Guardian Release and Hold Harmless Agreement for San Diego Blood Bank Donation

I, as a parent / guardian understand that my child / ward is participating in a blood donation drive at

_____ High School. I understand there is a risk of injury or damage which may occur because of
School Name

my child / ward's donation. By allowing my child / ward to participate in the blood drive

donation, and knowing the risks involved, I am undertaking the risk for any injury or damage which may occur.

FOR 16-YEAR-OLD DONORS ONLY: PHYSICIAN AUTHORIZATION REQUIRED

I _____
Physician Name Printed

authorize for _____ to donate blood.
Student Name

Physician Signature Date