

Dear Parents:

Your teenager is planning on donating blood at an upcoming blood drive with the Hoxworth Blood Center. Students who donate play a significant role in supporting the patient's blood needs at the 32 hospitals served by Hoxworth. Student donors from more than 125 high schools account for approximately 14 percent of all donations made in the Greater Cincinnati area.

The need for blood is constant, as is the need for maintaining an adequate blood inventory to meet the daily demand. Each day, we require minimum collections from over 350 donors to meet community need. It is important that we support and encourage today's younger generation to give the "Gift of Life" to help achieve this goal now and into the future.

Blood donation is one method a student can take as their first step towards adulthood and understanding civic responsibility. We are asking for your support to allow your teenager to experience the satisfaction of providing a valuable community service by participating in a program in which the end result is, quite literally, the saving of another person's life. Depending on specific needs in the community, your teenager may be asked to do an automated donation. For additional information on automated donations, please visit www.hoxworth.org/donors/first-time.html and review the How to Hoxworth booklet.

Donating blood is safe and easy. Donors must be at least 16 years of age and comply with the Eligibility Requirements Chart in regards to height and weight and be in general good health*. All 16 year-old donors must have a parental consent signed in ink. Parental consent is not required by state law for 17 year-olds**. The attached consent form is to be used for obtaining written consent. Written consent must be obtained prior to each time a 16 year-old wishes to make a blood donation.

Your teenager will be asked to read and sign the following donor consent on the day of donation.

"I have read the Blood Donor Educational Materials and the Medication Deferral List and answered the questions truthfully to the best of my knowledge. I voluntarily donate my blood to use as decided by Hoxworth Blood Center, including retention of a frozen sample. The needle-stick may cause tenderness, bruising, bleeding, nerve damage or even infection at the site.

I understand that 1) tests including those for the AIDS viruses (HIV-1 and -2), hepatitis, other transfusion-transmitted diseases, and syphilis will be performed; 2) my consent to perform these tests can be withdrawn at any time prior to my leaving the premises; 3) I will be notified if any of these tests is abnormal; 4) if a test result is either positive or unclear, my blood will not be used and my name may be placed on a deferral list. This information is considered confidential and will not be released without my written permission or appropriate legal process. Hoxworth is required by law to report the name of a donor with certain positive tests, including HIV tests, to the Health Department. Under some circumstances, testing may not be completed. ABO and Rh typing results may be used in future donor recruitment. I have read and understand the AIDS information material.

I agree not to donate blood or plasma to be given to others if I am at risk for spreading AIDS."

Although rare, donors may experience an adverse reaction during blood collection or within a few hours afterwards. Common symptoms may include dizziness, fainting and bruising at the phlebotomy site. Should your son/daughter experience any adverse reaction, we ask that they return to the blood drive for immediate attention while we are still at the site, or call Hoxworth Donor Services at 513-558-1304 (or toll free: 800-265-1515, press "4"). Please encourage your child to drink extra fluids and avoid strenuous activity to help alleviate any post donation complications. You may call Donor Services at the above phone numbers, or visit our website at <http://www.hoxworth.org/donors/first-time.html> for additional pre-donation information or after-care instructions.

**The Eligibility Requirement Chart for all donors' ages 16 to 18 years of age is found on the back of this form.*

***A brief description of Ohio, Indiana and Kentucky state laws regarding high school age blood donors is found on the back of this form.*

***All sixteen year old donors need to be aware that any abnormal test results will be provided to the parent or guardian signing the attached consent form.

State Legislation for Blood Donor Age Guidelines

Hoxworth Blood Center collects blood in Ohio, Kentucky, and Indiana. Each state has passed legislation relating to the age of blood donors. Below, each state's legislation is cited:

Ohio Revised Code 2108.31 (amended)

"Any person seventeen years of age or older may, without consent of the person's parent or guardian, donate blood in a voluntary blood program, that is not operated for profit. Any person sixteen years of age but less than seventeen years of age may, with consent of the person's parent or guardian, donate blood in a voluntary blood program that is not operated for profit. Before obtaining blood donations from students at high schools, joint vocational schools, or technical schools, a blood program shall arrange for the dissemination of written donation information to students to be shared with their parents or guardians. This information shall include a statement that the students will be requested to donate blood."

Kentucky Revised Statute Chapter 214.468 (amended)

"Any person seventeen (17) years of age or older may donate blood in a voluntary blood program, which is not operated for profit, without the consent of the person's parent or legally-authorized representative. Any person sixteen (16) years of age and weighing at least one hundred ten (110) pounds may donate blood in a voluntary blood program, which is not operated for profit, with the written consent of the person's parent or legally authorized representative. The parent or legally-authorized representative of a person who donates blood (17 or 16 year-olds) shall not be held financially responsible for any medical complications arising from the blood donation. Before soliciting blood donations from students in high schools, joint vocational schools, or technical schools, a blood program, in cooperation with school authorities, shall make reasonable efforts to notify the parents or legally-authorized representatives of the students that the students will be requested to donate blood."

Indiana Code 16-36-1-3

"Any person of the age of seventeen (17) years or over shall be eligible to donate blood in any voluntary and non-compensatory blood program without the necessity of obtaining parental permission or authorization."

Eligibility Requirement Chart

Height and Weight Requirements for Donors 16-18 Years of Age

Females *If you weigh at least 110 pounds, but are shorter than 5'6", please refer to the height and weight chart below.*

If your height is:	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"
You must weigh at least:	146	142	138	133	129	124	120	115

Males *If you weigh at least 110 pounds, but are shorter than 5'0", please refer to the height and weight chart below.*

If your height is:	4'10"	4'11"
You must weigh at least:	120	115

THE FOLLOWING CONSENT MUST BE COMPLETED IN ADVANCE AND PRESENTED ON THE DAY OF THE BLOOD DONATION.

PLEASE COMPLETE THIS CONSENT USING BLUE OR BLACK INK. FORMS COMPLETED IN PENCIL WILL NOT BE ACCEPTED



PLEASE PRINT THE FOLLOWING INFORMATION

Donor Information

Donor Name: _____ Age: _____ Birthdate: _____

Student's last 4 digits of their SSN: _____ High School (if applicable): _____

By signing this consent, I understand that abnormal results of laboratory testing will be provided to my parent or guardian (if age sixteen), and all appropriate state and local agencies as required by law (regardless of age).

Student Signature: _____ Date: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Street Address: _____

Donor City/State: _____

Zip Code: _____ Daytime/Cell Phone: _____

By signing this document, I acknowledge that I am the parent or guardian of the student listed above. I also acknowledge that I have read and understand the information on the attached "Dear Parent" letter, acknowledge that additional information is available by phone or internet using the contact number and internet address provided, and hereby consent for this student to make a voluntary blood donation through Hoxworth Blood Center, University of Cincinnati Academic Health Center. This consent includes submission to all tests, examinations and procedures customary in connection with the blood donation process, including the donor consent statement.*

Parent/Guardian Signature: _____ Date: _____

**A signed parental consent must be obtained prior to each time a sixteen year-old donor presents for donation.*



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Our donors save lives.