

Minor Blood Donor Parental Consent Form

Minor Donor Information

Full Name

Date of Birth

Address

Phone Number

School (if applicable)

Parent/Legal Guardian Information

Full Name

Relationship to Minor

Address

Phone Number

Email

Consent Statement

I, the undersigned, confirm that I am the parent or legal guardian of the above-named minor. I have read and understood the information provided regarding blood donation. I hereby give my full consent for my child to voluntarily donate blood.

Parent/Guardian Signature

Date

Witness (if required)

Date