

Emergency Blood Donation Consent Form

Donor Information

Full Name

Date of Birth

Gender

Address

Phone

Email

Blood Group

Emergency Contact

Name

Relationship

Phone

Health Questionnaire

Have you experienced any illness in the past month?

Are you currently taking any medications?

Any known allergies?

Other relevant information

Consent Declaration



I hereby consent to donate my blood during this emergency and declare that the information provided is accurate to the best of my knowledge.

Donor Signature

Date

Witness Name

Witness Signature