

Parental Consent Form

Your child has expressed interest in donating blood at an upcoming blood drive with The Regional Medical Center Blood Assurance Program (BAP). We hope that you support and encourage your child's decision to donate blood.

- Blood donation is a safe procedure using only single use sterile supplies. The possibility of a slight reaction such as light-headedness, dizziness, fainting or slight bruising may occur. In the event of a significant reaction parents will be notified.
- Your child's blood will be tested for all FDA required tests. Please understand that both you and your child will be notified, according to legal and regulatory requirements, if your child receives a positive test result(s) and that your child may be contacted for follow-up testing.

South Carolina state law requires a written parental consent for all sixteen (16) and seventeen (17) year old donors. **16 and 17 year old donors will not be allowed to give blood without this signed parental consent form for a first time donation.**

My son/daughter,

Name (please print)

Date of Birth

has my consent and permission to make a voluntary donation of blood through RMC Blood Assurance Program, and for that purpose may submit to the test, examinations, and procedures customary with blood donation.

Signature of parent/guardian

Date

Phone number where you can be reached

If you have any questions regarding your teenager's decision, please contact The Regional Medical Center - Blood Assurance Program at 803-395-2419.