



PARENTAL CONSENT FOR BLOOD DONATION BY A MINOR

I _____ hereby give permission for my son, daughter, or ward _____ to make a whole blood donation to Saddleback Blood Donor Center.

I have read the Blood Donation Education Material and understand the information regarding the donor screening and the blood donation process.

Donor Name: _____ (Print)

Parent/Guardian Name: _____ (Print)
_____ (Signature)

Date: _____