



Community Blood Center  
Community Tissue Services®

Dayton, Ohio 45402

[www.givingblood.org](http://www.givingblood.org)

CBC Staff: Enter DID or DIN below:

**THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED ONLY IF THE STUDENT IS 16-YEARS-OLD ON THE DATE HE/SHE DONATES BLOOD.**

**The Informational Letter for Parents and High School Blood Donors does not have to be returned with this form.**

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMATION PROVIDED IN THE INFORMATIONAL LETTER FOR PARENTS AND HIGH SCHOOL DONORS (CS-200-F-02), HAVE ASKED AND HAD ANSWERED ANY QUESTIONS I HAVE REGARDING THE DONATION OF BLOOD, HAVE THE LEGAL AUTHORITY TO CONSENT TO MY 16-YEAR-OLD SON/DAUGHTER DONATING BLOOD, AND I GIVE MY PERMISSION TO MY 16-YEAR-OLD SON/DAUGHTER TO DONATE BLOOD TO COMMUNITY BLOOD CENTER.

Please print the following information in **black or blue ink**:

Donor Name (print): \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School (if applicable): \_\_\_\_\_ School Year (if applicable): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

16 Year Old Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Consent for 16 year-old Donors

CS-200-F-03  
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