

**IMPORTANT INFORMATION FOR PARENTS**

**For 16 year-old donors:**

Parent/Guardian must complete the top portion of the form (above the dotted line)

Physician must authorize and sign the bottom portion of the form (below the dotted line)

**AUTHORIZATION FORM for 16 YEAR-OLD BLOOD DONORS**

I \_\_\_\_\_, \_\_\_\_\_  
 Printed Name of Parent or Guardian Name Relationship

give my consent for \_\_\_\_\_ to donate blood.  
 Printed Student Name

\_\_\_\_\_  
 Parent or Guardian Signature Date

For more information visit [www.sandiegobloodbank.org](http://www.sandiegobloodbank.org) or call 1 800-4MY-SDBB (1-800-469-7322)

**16 YEAR-OLD DONORS ONLY: PHYSICIAN AUTHORIZATION REQUIRED**

I \_\_\_\_\_  
 Printed Physician Name

authorize for \_\_\_\_\_ to donate blood.  
 Printed Student Name

\_\_\_\_\_  
 Physician Signature Date

**IMPORTANT INFORMATION FOR PARENTS**

**For High School Donation Sites:**

Parent/Guardian must complete the top portion of the form (above the dotted line)

**AUTHORIZATION FORM for HIGH SCHOOL BLOOD DONORS**

I \_\_\_\_\_, \_\_\_\_\_  
Printed Name of Parent or Guardian Name Relationship

give my consent for \_\_\_\_\_ to donate blood.  
Printed Student Name

\_\_\_\_\_  
Parent or Guardian Signature Date

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