

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 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

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