

# Young Blood Donors Making a Difference



## Top 10 Reasons to GIVE BLOOD

- 10 Hundreds of patients rely on Bonfils Blood Center every day.
- 9 Our community needs thousands of blood donors each week.
- 8 It looks great on a college application.
- 7 You can have free juice and cookies.
- 6 Unlike homework, you only have to do it every 56 days.
- 5 Earn school and community service credit.
- 4 Free stuff and great prizes.
- 3 Donating blood helps save kids undergoing cancer treatments.
- 2 You'll be a true high school hero to patients in need.
- 1 YOU can SAVE UP TO THREE LIVES!

### Give blood. Save a life.

In about an hour, you can donate a unit of blood that will save and enhance the lives of up to three patients. If you started donating at age 16, you could potentially donate more than 300 times and help more than 900 patients by the time you turn 70. Based on your blood type, Bonfils may contact you to make a different type of donation in our centers. There are many ways that you can help to save and enhance the lives of individuals in our community. So give blood, pat yourself on the back and brag a little – you helped save a life after all.

**BONFILS**  **BLOOD CENTER**

## Who is eligible to donate?

Those who are 18 years and older or 16 or 17 with parental or guardian consent, weigh 110 pounds or greater and can pass a basic health and lifestyle screening.

## Who cannot donate?

You are not eligible to donate if you have had a piercing or tattoo within the past 12 months. Those who have ever injected illegal drugs or steroids with a hypodermic needle are permanently ineligible to donate blood.

Denver Metro  
303.366.2000  
Outside  
800.365.0006  
[www.bonfils.org](http://www.bonfils.org)

Hour Information

# 24

## FAQ's

### How will donating blood affect me if I play on a sports team?

We recommend all donors avoid heavy muscular or strenuous activity such as lifting, pushing or picking up heavy objects for 4 to 5 hours after donating. Make sure you drink plenty of fluids for 24 hours following your donation. If you have sports practice on the day you give blood, we recommend you don't practice on that day. When you donate blood, your body temporarily loses fluid which is replaced within 24 hours. This, however, will make you prone to dehydration especially if you participate in a sports activity. If you are required to participate in practice on the day of the blood drive, it is best if you don't donate blood.

### Is it really important that I eat a good meal and drink lots of water before I donate?

Yes! Please eat a full meal within 4 hours prior to your donation. A healthy meal helps to ensure a successful blood donation and helps you feel better during the process. When you donate a unit of blood you lose some of your body's natural energy. By donating blood after a meal and enjoying a snack at our canteen after your donation, your body will have additional energy to compensate for your donation. Drinking water prior to donating also helps ensure a successful donation by keeping your body hydrated.

## Want to donate blood?

If you are 16/17 years of age you must have the Minor Consent Form on the back signed by a parent or guardian.

# Attention Parent or Guardian: Please Read, Complete Form and Sign

## Blood Donation Procedure

**Step 1** – Donors are given a blood donation record to complete in a private and confidential setting, which includes several basic health and lifestyle questions.

**Step 2** – A staff member verbally and confidentially reviews the blood donation record with the donor, answering any questions the donor might have about the record. The donor will then sign the consent statement identical to the one on this page.

**Step 3** – The donor's blood pressure, pulse, temperature and hematocrit (red blood cell count) and possibly blood type will be checked and recorded.

**Step 4** – If the health screening is passed, the donor sits in a reclining chair and makes a whole blood donation. It takes about 5-10 minutes to complete the donation.

**Step 5** – Light refreshments are served to each donor and they are asked to sit in the canteen for approximately 15 minutes after their donation.

**\*Note\*** On rare occasions the donor may experience pain and redness around the needle insertion site, vascular injury, nerve irritation, muscle or tissue damage and scarring. Your child may be asked to have a second phlebotomy performed if the first attempt is unsuccessful. If you have questions about possible side effects of blood donation please contact Bonfils' Donor Relations department at 303.363.2202 or 800.365.0006 opt. 1. Materials and supplies which contain latex may be used during the blood donation process. In the event Bonfils is unable to contact you in regards to any positive test results this information may be shared with your parent or guardian.

**Below is the consent statement your son/daughter will be asked to read and sign before they donate. By signing the form below, you are consenting for your 16/17-year-old to make a voluntary blood donation. This signed form is the only verification that will be accepted - we cannot accept phone verifications.**

Phlebotomy is the process of withdrawing blood from a vein. I am voluntarily consenting to the phlebotomy procedure for the donation of blood and have had the chance to refuse the phlebotomy procedure. Furthermore, I certify that I have answered truthfully all of the questions addressed to me regarding my present and prior illnesses, symptoms and physical conditions. I have read and truthfully answered the questions set forth in the donor questionnaire. I understand that by not disclosing all of the information set forth in the donor questionnaire, I could put myself at risk for complications or place others at risk of a transfusion transmitted disease as a result of this donation.

In giving consent to Bonfils Blood Center to perform phlebotomy, I acknowledge that the procedure of phlebotomy has been explained to me and that I have had the opportunity to discuss the risks associated with phlebotomy and ask any and all questions.

I understand that my blood will be TESTED for HIV, AIDS, hepatitis and other diseases. If these tests indicate that I should no longer donate blood or plasma because of a risk of transmitting disease, my name will be entered in a list of permanently deferred donors. I understand that I will be notified of an abnormal test result, which will be reported to authorities as required by law. Some tests may be unlicensed or used for research purposes.

I understand that I SHOULD NOT DONATE blood if I am at risk for HIV/AIDS or hepatitis (refer to "Making Your Blood Donation Safe"). If I consider myself to be a person at risk for spreading the virus known to cause AIDS or other infectious diseases, I agree not to donate blood or other blood products for transfusion to another person or for further manufacture.

I further understand that there are known COMPLICATIONS associated with donating blood. Complications can occur at the site where the needle was inserted and may extend beyond my arm and cause systemic complications throughout my body.

Localized complications include:

Pain	Redness	Swelling	Tissue scarring
Soreness	Bruising	Bleeding vascular injury	Localized infection

Systemic complications may include:

Systemic infections  
Lightheadedness  
Fainting or passing out which may result in additional injuries if I fall or drive.

I also understand that on rare occasions severe reactions to a phlebotomy procedure can have long-term or permanent effects including, but not limited to damage to nerve or muscle at or around the phlebotomy site which may result in numbness, pain or localized paralysis and the need for extended medical treatment.

I understand that the blood I donate today may be used for transfusion to a patient or any other medical need Bonfils Blood Center has for its use. I give my consent to have a phlebotomist draw blood from me today.

## Please Complete all Fields in Order to Donate (Please PRINT CLEARLY using a BLACK or BLUE ballpoint pen to complete the form.)

Donor's Last 4 SSN: \_\_\_\_\_ Donor's DOB: \_\_\_\_\_ Donor's Age: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Donor's Phone #: \_\_\_\_\_

## Minor Consent Form



I acknowledge that I have read and understand the information provided in the above consent statement and the blood donor requirements and I authorize the minor listed below, who is my son, daughter or someone for whom I am legally authorized to provide medical authorization, to provide a blood donation to Bonfils Blood Center.

I understand that sensitive and personal information will be obtained from the donor prior to any donation as part of the routine donor screening process. This includes information required by the FDA pertaining to the donor's sexual history and Bonfils is required to define sexual content with explicit language that will be available on materials given to your son/daughter. Based upon this information, Bonfils will determine the suitability of the donor to donate blood. Information obtained from the donation is confidential and will not be released to third parties without the donor's consent or as otherwise required by law. I understand that I may be informed of my child's test results should Bonfils be unable to reach my child.

In signing this form, I acknowledge that my son/daughter is 16 years of age or older.

Today's Date \_\_\_\_\_ Phone # to call during minor's donation \_\_\_\_\_

Minor's Full Legal Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Relationship to Donor \_\_\_\_\_