



# THE BLOOD CENTER OF NEW JERSEY

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## Parent/Guardian Consent Form for 16 Year Old Blood Donation

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\_\_\_\_\_  
DONOR NAME

\_\_\_\_\_  
DONOR DATE OF BIRTH

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN PHONE NUMBER

I hereby authorize my son/daughter to voluntarily donate blood through The Blood Center of New Jersey to be used as decided by The Blood Center of New Jersey, and submit to tests and procedures customary in the connection with blood donation. I agree that neither The Blood Center of New Jersey nor any of its agents shall be in any way responsible for any consequences to him/her resulting from the blood donation or any other tests and procedures incident thereto.

**Social Security Number and a signed or picture form of identification must be presented at the time of donation.**

09-2009