



Blood Bank of Hawaii

Parent/Legal Guardian Consent

Parents must review the Parent/Legal Guardian Consent Information located on our website at www.BBH.org prior to signing this form.



If you have any questions about the blood donation process or the Parent/Legal Guardian Consent Information, please call the Collections Department of Blood Bank of Hawaii at 845-9966 (Oahu) or 800-372-9966 (Neighbor Islands). On behalf of the patients we serve, we thank you for your support of your teenager's wish to selflessly save lives in Hawaii.



I represent that I am the parent or legal guardian of the minor donor indicated below and have the authority to sign this consent. I have reviewed and understand the current Parent/Legal Guardian Consent Information located at www.BBH.org on the date of my signature below. I authorize and give permission for the minor donor indicated below to donate blood and for that blood donation to be tested, as explained in the Parent/Legal Guardian Consent Information.

The following must be completed in blue or black ink.

Parent/Legal Guardian Name (Print)

Signature of Parent/Legal Guardian

Date

Minor Donor's Legal Name (Print)

On day of donation, I can be reached at this phone number