

Parent/Guardian Consent Form for 16-year-old Blood Donors



ANTELOPE VALLEY
HOSPITAL
A facility of Antelope Valley Healthcare District

I, _____, have read and understand the information about
(Please Print Parent/Guardian Name)

blood donation for 16-year-olds and give my consent for: _____
(Please Print Your 16-Year-Old Child's Name Here)

M/F Date of birth: ____ / ____ / ____
(Circle)

to donate blood at the Antelope Valley Hospital Blood Donor Center.

Signature of parent/guardian Date

Address City State Zip

Phone number E-mail address

Check box if you would like to be notified if your 16-year-old child has a reaction while giving blood at the Antelope Valley Hospital Blood Donor Center.

Contact phone number

**16-year-old donors will be required by law to provide parent/guardian signed consent at EVERY donation.
Donors who are 17 years old or older may donate without parent/guardian consent.**



Hours and Location

Blood Donor Center Hours:

Tuesday & Thursday: 9 a.m. - 6 p.m.

Wednesday: 7 a.m. - 4 p.m.

1st and 3rd Saturdays of each month: 8 a.m. - 1 p.m.

The Blood Donor Clinic is located within the Antelope Valley Outpatient Imaging Center (AVOIC):

44105 15th Street West, Suite 305
Lancaster, CA 93534

For an appointment or more information, please call **661-949-5622**.

Walk-ins are always welcome!