



Blood Services Group
Health Sciences Authority
11 Outram Road Singapore 169078
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Dear Parents/guardian

We would appreciate if you could read the **Information for Parents/Guardian** before giving your consent for your child/ward to donate blood.

INFORMATION FOR PARENTS/GUARDIAN

Blood donation is one of the kindest and most generous acts that one human being can do for another.

Any healthy person between the age of 18 and 60 years can give blood. Those who are from 16 to 17 years old may also donate if they have their parent's/guardian's consent.

The donor needs to be well on the day of donation. He/She should not have a sore throat, cold, fever or flu-like symptoms. After donation, donors are provided with iron tablets and a leaflet explaining post-donation care such as avoiding strenuous activity, drinking more fluids and contact numbers if a donor feels unwell. (For more information visit www.hsa.gov.sg)

Generally the blood donation process involves the following steps:

The donor needs:

- to complete a Health Assessment Questionnaire(HAQ) which has questions on the donor's general health, travel history and lifestyle.
- to bring along NRIC or other official photo identification showing date of birth for registration. If donor is from another country, please bring passport.
- to go through medical screening, as detailed in HAQ. Blood pressure, pulse, body weight and temperature will be taken.
- to go through a haemoglobin check to ensure that donor is eligible for donation.
- to receive a small local anaesthetic (painkiller) injection before the insertion of the donation needle. 300-350ml of blood will be taken if body weight is 45-50kg and 450ml will be taken if body weight is 50kg and above.
- to rest after the donation for 5 to 10 minutes and a light refreshment will be served. The donor should leave the donation site only if he/she feels well.

PARENTAL/GUARDIAN CONSENT FORM For 16 and 17 year-old blood donors

(Please write clearly using a permanent ink pen)

DONOR

Name of my *child/ward

*NRIC No/Passport No

Name of School

PARENT/GUARDIAN

Name

Contact No

NRIC No

I, *parent/guardian of the above named has read the **Information for Parents/Guardian** and hereby give my permission for *him/her to donate blood. I will bear full responsibility for this consent.

Signature of *Parent/ Guardian

Date of Consent

*delete as appropriate