

Upper Peninsula Regional Blood Center  
A service of  
DLP-Marquette General Hospital  
420 West College Street  
Marquette, MI 49855  
906-225-4610 or 1-800-491-4483

**BLOOD DONORS MUST:**

- Be at least 17 years old (16 years old with signed parental permission).
- Weight at least 110 lbs.
- Eat a good meal and drink plenty of fluids before and after donating.
- Get a good night's sleep before donating.
- Present either a photo I.D. or an I.D with a name and birthdate.

**BLOOD DONATION INCLUDES:**

- Registration-A series of questions are asked to determine whether or not donation is safe for both the donor and the recipient. Demographic information is also collected.
- Mini-Physical-Donor Temperature, blood pressure, pulse, and hemoglobin (iron) are checked.
- Blood Donation-A phlebotomist will prepare your arm by cleansing it. A sterile, disposable one-use-only needle will be used to collect the blood. The blood donation process takes no longer than 15 minutes.
- Post Donation- You are encouraged to relax in our refreshment area and drink juice and water and eat snacks to replenish your body before resuming your activities.
- Preventing reactions-During and after donating, most donors have a pleasant experience. Occasionally, a donor may experience dizziness, weakness, or even faint. Often, this can be prevented by eating and drinking before donating. The most common risk associated with blood donation is tenderness or slight bruising at the site where the needle was inserted. Our employees are trained to handle donor reactions.
- Donor Testing-Blood will be tested for certain transmissible diseases including: hepatitis B, Hepatitis C, HIV, HTLV, West Nile Virus, and Syphilis. Donors will be notified of confirmed positive test results by letter, and that by state law, certain positive test results must be reported to the local health department.
- Possible risks of blood donation include: falsely reactive test results, arm bruises, nerve injury, and light-headedness or fainting.

To discuss a concern after your student's blood donation or if you believe your student's blood may be harmful if given to a patient, please call 1-800-491-4483 or 1-906-225-4610.

**PLEASE KEEP THIS INFORMATION**

**Detach**

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Please encourage your student to take part in the selfless and life-saving act of donating blood. By allowing your child to become a blood donor, you are encouraging him or her to demonstrate great civic responsibility, maturity and a sense of community pride. **THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED TO THE BLOOD CENTER STAFF ON THE DATE OF DONATION.**

I, the parent or legal guardian of the individual listed below, hereby consent for my child to make a voluntary blood donation. This consent acknowledges I have read the information provided and includes submission to all tests and procedures performed in connection with the blood donation process, including medical care should he or she experience a donor reaction.

PRINT LEGIBLY IN BLUE OR BLACK INK

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Donor's printed name

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Date of birth

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School (if applicable)

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Parent/Guardian printed name

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Parent/Guardian phone number

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Parent or legal guardian's signature

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Date