

PARENTAL CONSENT FORM FOR BLOOD DONATION

I, the undersigned, am the parent/legal guardian of _____, **who is**
_____ yrs old

I hereby give my full consent and permission for my son/daughter to voluntarily donate blood for humanitarian purposes. I understand the nature of blood donation, its purpose, and the possible minor risks involved. I acknowledge that the blood donation process will be conducted under the supervision of qualified medical professionals following the standard safety protocols.

I am allowing my child to participate willingly and have no objection to the said blood donation activity.

Thank you for your attention and support.

(Signature of Parent/Guardian)

Name of Parent/Guardian: _____

Date: _____