



**Blood Services Group**  
Health Sciences Authority  
11 Outram Road Singapore 169078  
Tel: 6213 0626 Fax: 6222 0085

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](http://www.hsa.gov.sg))

Generally the blood donation process involves the following steps:

The donor needs:

- to complete a Donor Health Assessment Questionnaire and Declaration Form(HAQ)(available on the HSA website at [www.hsa.gov.sg](http://www.hsa.gov.sg)) 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 either work permit, S pass, E pass, dependent pass or 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 blue or black ink pen)

#### DONOR

Name of my \*child/ward .....

\*NRIC No/Passport No .....

Name of School .....

#### PARENT/GUARDIAN

Name ..... Relationship with child/ward .....

Contact No .....

NRIC No .....

I, hereby confirm that I am the \*parent/guardian of the above named. I have read the **Information for Parents/Guardian** and give my permission for \*him/her to donate blood and give on behalf of \*him/her the same consents as those required under the HAQ. I declare the representations and information required to be provided by my \*child/ward under the HAQ to be true, accurate and complete. I will bear full responsibility for this consent and declaration.

\_\_\_\_\_  
Signature of \*Parent/ Guardian

\_\_\_\_\_  
Date of Consent

\*delete as appropriate

\*This consent form is valid for 3 months from date of consent.