



HOPE.

It's in our blood.

BLOOD DRIVE

Monday

May

05

2:00PM - 6:00PM

Helpful tip:
Make sure to eat a healthy meal and drink plenty of water before donating.



For eligibility questions call
866-642-5663

GRACE CHRISTIAN SCHOOL COMMUNITY BLOOD DRIVE

325 N M-140
WATERVLIET, MI 49098

APPOINTMENTS PREFERRED
Call 866-642-5663, visit [versiti.org/mi](https://www.versiti.org/mi),
-OR- scan the QR code below.

If you are 16 please turn in a parent consent form before making an appointment.

Walk ins welcome, as schedule allows.

Donate and receive a Just Donate It hat, while supplies last.

<https://bit.ly/GRACECHRISTIAN>



versiti™
Blood Center of Michigan

Your child/ward has expressed interest in donating blood. A 16-year-old minor may become a blood donor, if the minor’s parent/guardian agrees. After age 17, the consent of the minor’s parent/guardian is not required. A *Consent for Blood Collection from a 16-Year-Old Donor* form is required for 16-year-old donors each time they donate.

THE DONATION PROCESS

1. **Registration** – Donors need a picture ID, proof of date of birth and, if 16 years old, a permission slip.
2. **Medical Evaluation** – To donate, a person must be in good health, be at least 16 years old, and weigh at least 110 pounds (see below for height and weight criteria). Honesty in the medical evaluation is critical in helping ensure the safety of both donor and recipient. Versiti staff will review the medical evaluation, check the blood pressure, temperature and pulse, and take a drop of blood from the finger to test the donor’s red blood cell count (hemoglobin levels).
3. **Hydration and Snack Station** – Salty snacks and water are offered prior to donation. These will raise the blood pressure to help prevent light-headedness which is sometimes associated with donation.
4. **Blood Collection and Testing** – Blood is collected through a sterile, one-time use needle inserted into the donor’s arm vein. The actual blood donation takes about 10 minutes. To ensure the safety of blood recipients, all donated blood is tested for ABO blood grouping, HIV (the virus that causes AIDS), hepatitis B and C, West Nile virus, syphilis, and other bloodborne infections. All donor information is kept strictly confidential; however, if any screening test is positive, Versiti will inform the 16-year-old donor and their parent/guardian. Positive test results will be stored in a confidential list of ineligible donors and when required by law, reported to government health agencies.
5. **Refreshment and Relaxation** – After the donation, donors are asked to spend 15 minutes in the refreshment area. Snacks and drinks are provided to replenish fluids and energy levels. It is also important that the donor eats a good meal following donation and drinks plenty of fluids in the 24 hours after donation.

POTENTIAL RISKS

Potential risks in donating blood include discomfort, swelling and bruising at the needle site. Rarely, fainting, convulsions, injury to blood vessels or nerves, infection, local blood clot or iron-deficiency may occur.

IRON DEFICIENCY

Young adult donors need to pay special attention to their iron intake because iron is important for normal growth, support of brain development and red blood cell production. To avoid iron deficiency and in consultation with your child’s/ward’s physician, we recommend young donors take a daily iron supplement or multivitamin with 18mg of elemental iron for 60 days after blood donation.

QUESTIONS?

If you have any questions or concerns about blood donation, please visit our website at <https://www.versiti.org/>.

16-18 YEARS OLD

MALE					
If you are:	4’ 8”	4’ 9”	4’ 10”	4’ 11”	5’ or taller
You must weigh at least:	130 lbs.	125 lbs.	120 lbs.	115 lbs.	110 lbs.

FEMALE									
If you are:	4’ 10”	4’ 11”	5’	5’ 1”	5’ 2”	5’ 3”	5’ 4”	5’ 5”	5’ 6” or taller
You must weigh at least:	146 lbs.	142 lbs.	138 lbs.	133 lbs.	129 lbs.	124 lbs.	120 lbs.	115 lbs.	110 lbs.

Consent for Blood Collection from a 16-Year-Old Donor



PLEASE PRINT THE FOLLOWING INFORMATION IN BLUE OR BLACK INK

Full Name of Minor/Ward: _____

Minor/Ward Date of Birth: - - Age on day of donation: _____

Phone Number Where Parent/Guardian Can Be Reached (on the day of donation): - -

Please be available at this number during the hours of the blood drive, so you can be notified in case of an adverse reaction.

Voluntarily donating blood through Versiti allows the blood to be used for transfusion and if not needed locally, used elsewhere.

All donor blood is screened for the required infectious diseases, including HIV/AIDS. However, tests are not perfect and in the very early days after exposure, tests may not detect infection. Abnormal test results will be mailed directly to the donor, and if the donor is 16 years old, mailed to the donor's parents/guardians. Donor/Parent/Guardian test result counseling is available from Versiti.

Results of medical evaluation and testing may be used by staff to determine eligibility status. Abnormal test results may cause a donor's blood to be discarded and along with medical reasons for deferral, will be stored in a confidential list of ineligible donors.

Contact Information Provided. By providing a telephone number on this consent form, the donor and donor's parents expressly authorize and consent to receive calls from Versiti, its controlled affiliates, or an agent in the event of an adverse event.

Consent Duration. Versiti requests that a parental consent be provided with each donation; nevertheless, this signed consent is in effect until the earlier of a donor's 17th birthday or until written notice is received withdrawing this consent.

INFORMED CONSENT

I confirm I am the parent or legal guardian of the individual named below, that I have read and understand the information stated above, that my child/ward is at least 16 years of age, that Versiti may test, use or transfer my child/ward's blood or blood components for transfusion. I understand that any positive laboratory testing performed on his/her blood up to his/her 17th birthday will be reported to both me and the 16-year-old donor. Based on test results, follow-up testing may be required. I understand the possible risks of blood donation. I understand that any urgent or emergent medical care needed as a result of donating will be given in a timely manner. I will be notified of that medical care; however, that notification may be after such care is rendered. I have no reason to believe the 16-year-old donor should not donate. I give my permission for my child/ward to donate blood.

Print Parent or Legal Guardian Name

Parent or Legal Guardian Signature

Date:

Minor/Ward Consent

I confirm that the above signature is that of my parent or legal guardian. I understand that Versiti may share the results of the disease testing done on my blood with my parent or guardian and consent to such sharing. I understand that my participation as a donor is voluntary, I have the right to withdraw my consent at any time and I may call Versiti to request my donation be discarded.

Print Minor/Ward Name

Minor/Ward Signature:

Date:

This form must be presented by the donor or otherwise available to Versiti on the day of each donation.