

## **RELEASE FOR MINORS**

My (son), (daughter) \_\_\_\_\_ a minor, age \_\_\_\_\_,  
has my consent and permission to make a voluntary donation of blood through the  
Murray-Calloway County Hospital Blood Bank. He or She may submit to the tests,  
examinations, and procedures customary in connection with donations of blood.

Signature of (father), (mother), or (guardian) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date signed \_\_\_\_\_

Signature of minor \_\_\_\_\_

Please bring: picture ID and Social Security Number.

Don't forget to eat a good breakfast and/or lunch before donating.

Drink plenty of water.

You must weigh more than 110 pounds.

No tattoos in the last year.

No ear or body piercing in the last year (only single, one time use needle)