

# Blood Donation Consent Form for Students

This **blood donation consent form** sample for students ensures clear communication and legal authorization before participating in blood donation drives. It includes essential details about the donor, parental or guardian approval if required, and acknowledgment of risks. Using this form helps schools and organizations conduct safe and compliant blood donation events.

Student Details

Full Name:

Date of Birth:

School/Institution:

Contact Number:

Medical Information

Allergies/Medical Conditions:

Current Medications:

Parental/Guardian Consent (If under 18 years old)

Parent/Guardian Name:

Parent/Guardian Contact:

☐ I, the parent/guardian, consent to my child participating in the blood donation drive.

Acknowledgement & Consent

☐ I have read and understood the information about blood donation, including the possible risks. I voluntarily consent to donate blood and agree to comply with the instructions provided by medical professionals during the event.

Signature:

Date:

Submit Consent Form