

riodoo print olouriy.		Home Work	Cell
First Name	Initial	Language Preferred English F	rench
Last Name		_	
Mailing Address		Yes! You can contact me if there are part	tients in need of my blood type.
	Apt	No. Please don't contact me.	
City Postal Code Email Gender Female Male Date of Birth Y Y Y M	-	I understand that this is only a demonstrati will be confirmed upon completion of my fi the information provided on this form will o Services. Signature Today's Date (YYYY/MM/DD)	rst donation. I understand that nly be used by Canadian Blood
Internal use only A B O AE Comm Gov't HS Curr Corp HS Other		Volunteer Typ	er Canadian Blood Services it's in you to give
			1 888 2 DONATE

Phone Number 1

Phone Number 2

Work

extension

Cell

Home

"WHAT'S YOUR TYPE?" PROGRAM CONSENT FORM - For participants under the age of 17

Canadian Blood Services is offering a "What's Your Type?" blood donor recruitment information event. This event introduces participants to the benefits of donating blood. Participation is purely voluntary. As part of the event, a small sample of blood is taken from a finger prick for testing blood type. There are no serious side effects. The purpose of this test is to introduce participants to blood donation. Canadian Blood Services keeps a record of the participant's contact information and blood type test result and if the participant agrees, will contact him/her to donate blood in the future. Canadian Blood Services keeps the information confidential and does not use it for any other purpose. Test results are not accepted by health care providers to identify blood type for medical treatment. The test results are not accepted for identification purposes such as paternity testing.

As the participant is younger than the required minimum age for blood donation (donors must be at least seventeen years of age), Canadian Blood Services requests your permission before he/she participates in the program. Please fill out this form and have the participant present it to staff at the "What's Your Type?" event.



l,	hereby give my		
(NAME OF PARENT OR LEGAL GUARDIAN)			
consent to Canadian Blood Services for	to		
	(NAME OF MINOR)		
participate in the "What's Your Type?" program being held at			

on

(NAME OF VENUE)

(DATE)

Signature of Parent or Legal Guardian:

Date:



1 888 2 DONATE

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