

Suncoast Communities Blood Bank
Sarasota, FL

CONSENT FORM FOR MINOR
TO PARTICIPATE IN VOLUNTEER ACTIVITIES AT BLOOD BANK

Minor Child's Name (please print): _____

I hereby give permission for my minor child to participate in volunteer activities at Suncoast Communities Blood Bank.

I understand that these activities may include handling of blood products such as whole blood or red blood cells. I further understand that there is a small possibility for exposure to blood and that my minor child has been trained in how to avoid this risk and how to prevent such exposures.

Parent or Legal Guardian:

Signature _____ Date _____

Printed Name _____