



Government of the Republic of Trinidad and Tobago

Ministry of Health

For Prospective Donors under 18 years of age

I, the undersigned, having read and understood the contents of this Form, hereby give consent for my child/ward _____ to be entered onto the Ministry of Health's database of prospective blood donors and for my child/ward to be contacted using the data collected from this form, by the Ministry of Health.

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Name of Parent/Guardian

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Name of child

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Signature of Parent/Guardian

.....
Witness

.....
Date

.....
Date