

Informed Consent Blood Donation by Minor

Name of Minor:	Date of Birth	Age of Minor 16 _____ 17 _____ 18 _____
Name of Parent/Guardian:		

I authorize the minor named above, who is my son, daughter, or for whom I have legal authority, to provide medical authorization to make a blood donation.

I have reviewed the information contained in the General Information about Blood Donation Information Sheet. I understand the items detailed in this information sheet, including these facts:

- Sensitive and personal information will be obtained from the donor prior to any donation as part of the routine donor screening process. Based on the information provided by the donor, the blood bank will determine the suitability of the donor to donate a safe blood product. I understand that this information will not be provided to me, as the blood bank must ensure donor confidentiality in order to protect the donor's rights, to protect the patient, and ensure candid disclosure by the donor. Furthermore, I confirm that I am not aware of any reason or circumstance which would make my minor son or daughter an unsuitable blood donor.

While the blood donation process is normally a pleasant experience, it is possible that short-term side effects can occur such as dizziness, skin irritation, bruising, or fainting. Although remote, it is also possible that bruising around the vein, an infection, or nerve damage can develop during or after phlebotomy. On rare occasions, more severe reactions can occur with more serious and long-term complications including iron deficiency. Donating a unit of whole blood removes iron, which is needed to make new red cells, from the body. Losing iron through frequent blood donation may affect your health.

- Donated blood will undergo testing for viral agents and diseases including, but not limited to, HIV and Hepatitis C. Abnormal test results will be reported to the donor and to the donor's parent or legal guardian, if the donor has not yet reached his or her seventeenth birthday. The medical and personal information and results of testing will be held by the blood bank in strict confidence and will not be disclosed to anyone unless specifically authorized by the donor and the donor's parent or legal guardian, except where authorized by law.
- **I further understand this consent remains valid for ALL subsequent donations to the age of majority unless revoked in written instrument received by Lee Memorial Blood Center.**

I acknowledge that I have read and understand the information provided in this document, and authorize the minor listed above to donate at the specified blood drive.

Parent/Guardian
Signature _____ Date _____

Donor Confirmation

I confirm that the consent given based on the signature above is that of my parent or other legal guardian.

Donor Signature _____ Date _____

Lee Memorial Blood Center Use only

Note: Seventeen year-old donors may have a verbal consent from parent or legal guardian on the day of donation.

Verbal consent Obtained by: _____ Verbal consent obtained from: _____
Lee Memorial Employee Name of person giving consent

Telephone Number Dialed: _____ Time/Date of Call: _____

General Information About Blood Donation Information Sheet

The School board supports and encourages students to participate at regularly scheduled blood drives on campus WITH the consent of parent or guardian.

High School blood drives contribute approximately 11% of the annual blood needs of our community.

Lee Memorial Blood Center requires over 150 volunteer blood donations daily to serve the needs of patients at 5 area hospitals and health care facilities in Lee County. With the trauma unit at Lee Memorial Hospital that serves a 5 county radius for patients with life-threatening situations blood products are routinely needed.

Volunteer blood donations are a key element to modern medical care. Blood donations unite people from all walks of life and represent an important civic duty. They are a vital part of therapy for trauma, cancer, surgeries, and other conditions. Healthy blood donors, as the only source of this lifesaving service, perform an irreplaceable act of care for friends, family, acquaintances and strangers requiring transfusion.

Donating Blood involves risks and potential complications as well as the communications of confidential information.

Blood Donor Suitability

The blood bank makes a determination as to the suitability of all blood donors based on a physical examination, donor interview, and disease testing. During the donor interview, sensitive and personal information is obtained from the donor. These questions include questions about the donor's medical condition, health status and exposure to infectious disease. It is important that questions be answered fully and truthfully.

Adverse Reactions to Donating Blood

While the blood donation process is normally a pleasant experience, it is possible that short-term side effects can occur such as dizziness, skin irritation, bruising, or fainting. Although remote, it is possible that bruising around the vein, an infection or nerve damage can develop or after phlebotomy, which is the process of drawing the blood. On rare occasions, more severe reactions can occur with more serious and long-term complications, including iron deficiency. Donating a unit of whole blood removes iron, which is needed to make new red cells, from the body. Losing iron through frequent blood donation may affect your health.

Testing of Donated Blood

Donated blood will undergo testing for viral agents and disease including but not limited to HIV and Hepatitis C. Abnormal test results will be reported to the donor and to the donor's parent or legal guardian, if the donor has not reached his or her seventeenth birthday. This information is confidential and will not be disclosed to anyone unless specifically authorized by the donor and the donor's parent or legal guardian or required by law. A positive test result for an infectious disease may be reported to the state health department or as otherwise required by law, where exposure to others may be involved.

Confidentiality of Donor Information

The medical and personal information and results of testing will be held by the blood bank in strict confidence and will not be disclosed to anyone without the donor's consent, unless required by law. For example, for blood donors who are minors, positive disease screening results will be reported to the donor and to the donor's parent or legal guardian, if the donor has not reached his or her seventeenth birthday.

Questions? call 239-343-2333