



Parental/Guardian Consent for Sixteen-Year-Old Blood Donors

KENTUCKY BLOOD CENTER
Lexington, Kentucky
(859) 276-2534

Your son/daughter has been asked or has made the decision to give the gift of life by donating blood. We hope you encourage your child to participate in blood donation. He or she is showing great civic responsibility, maturity and a sense of community pride by becoming a blood donor.

In order to donate, your child must be at least 16-years-old, weigh at least 110 pounds, and be in good general health. In addition, if they are 16-years-old, we must have parental consent.

Every precaution is taken to ensure a safe and pleasant donation experience. Donors with no history of medical problems usually have no adverse reactions to donating blood. On occasion, there are donors who experience mild to moderate side effects due to donating blood, including feeling warm, becoming pale, feeling faint or dizzy, upset stomach, bruising, swelling or redness at the needle insertion site, pain at the insertion site, feeling tired, hyperventilation, low blood pressure and headache. Less common side effects include fainting, muscle spasms, or on extremely rare occasions, nerve damage. Reactions to blood donation can occur at any time throughout the donation process, including after the donor has left the donation site.

On the day of donation, your child should eat a good meal and be well hydrated. Additionally, your child should have a good understanding of his/her health history prior to donation. Your child will be asked a series of questions that are personal in nature. They will be asked questions regarding any medications that they are currently taking and why they are taking them. There will be questions regarding intravenous drug use and travel outside the United States, along with other questions designed to increase the likelihood of a good donation experience for your child, and a safe blood product for the patients that will receive the blood. There will be questions regarding past sexual practices. Please keep in mind that all people do not define sex in the same way. Your child will be asked to read material that explicitly explains sexual activities. To ensure that we maintain a safe blood supply, the Food & Drug Administration requires these questions be answered honestly.

Testing is done on each donation to detect various infectious agents that can be transmitted by transfusion, including HIV and hepatitis. If there are any abnormal laboratory results, the results will be released to your child, and will be shared with you if your child is 16-years-old. ***(By signing below, a 16-year-old child consents to this disclosure.)*** However, if your child is at least 17-years-old, results will only be released to the donor. Otherwise, all health history information will be strictly confidential except as required by law.

Your child will be asked to read and sign the following donor consent on the day of donation:

I understand that I must meet all donor selection standards in order to donate a unit of blood (or platelets or granulocytes or plasma). My arm will be scrubbed with antiseptic solutions in the area where the needle will enter. Although adverse reactions are rare, allergic reactions to the arm scrub solutions, bruising, hematoma, arterial trauma, nerve damage, fainting, nausea and/or convulsions during or after donation sometimes occur.

I have reviewed and understand the information provided to me regarding the spread of the AIDS viruses (HIV) by blood and blood components. If I am potentially at risk for spreading the viruses known to cause AIDS, I agree not to donate blood or blood components for transfusion to another person or for further manufacture. I understand and have truthfully answered all the questions presented on the history form and the questions asked by the Medical Screener. I also understand that, under Kentucky law, if I know that I am infected with or am at risk for AIDS or certain other diseases but donate anyway, I may be guilty of a Class D felony.

I understand that my blood will be tested for antibodies to HIV and other disease markers. If this testing indicates that I should no longer donate blood or blood components because of a risk of transmitting the AIDS viruses, or other diseases, my name will be entered on a list of permanently deferred donors. I understand that I will be notified of a confirmed positive result. Infectious diseases will be reported as required by law. A sample of my plasma/serum may be utilized in clinical trials.

If I am unable to donate today, the reason for deferral has been explained to me and I understand.

I agree to be a volunteer donor of blood or blood components for such purposes as Kentucky Blood Center deems appropriate, including resource sharing.

My questions have been answered to my satisfaction.

If you have any questions or concerns regarding the donation process, please call Kentucky Blood Center at 1-800-775-2522 or visit our website at www.kybloodcenter.org.



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THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED TO BLOOD CENTER STAFF ON THE DATE THE 16-YEAR-OLD DONATES BLOOD.

NOTE: If downloading form from the KBC website, both pages, A and B, of the consent must be returned in order for the consent to be complete.

I CERTIFY THAT

- I HAVE READ/OR FULLY UNDERSTAND THE ABOVE CONSENT.
I HAVE ASKED AND HAD ANSWERED ANY QUESTIONS I HAVE REGARDING THE DONATION OF BLOOD.
I HAVE THE LEGAL AUTHORITY TO CONSENT TO MY 16-YEAR-OLD SON/DAUGHTER/ WARD DONATING BLOOD. NOTE: FOR GUARDIANS, YOU MUST ATTACH A COPY OF YOUR COURT ORDER OF APPOINTMENT.
I GIVE MY PERMISSION TO MY 16-YEAR-OLD SON/DAUGHTER/WARD TO DONATE BLOOD TO KENTUCKY BLOOD CENTER.

Please complete form in black ink and print the following information for the 16-year-old blood donor:

First Name: Middle Initial: Last Name:

Date of Birth: Age:

High School (if applicable):

Name of Parent/Guardian: Relationship:

Contact (Phone) Number:

Signatures:

Parent/Guardian Signature: Date:

16-Year-Old Student Signature: Date:

To be completed by Blood Center Staff:

DIN OR UNIT NUMBER