



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

KENTUCKY BLOOD CENTER  
Lexington, Kentucky  
859.276.2534

Your son/daughter/ward 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, be in good general health, and provide a photo ID and proof of age. In addition, if they are 16 years old, we must have parental/guardian 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 their medication history and their reasons for taking certain medications. 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 who 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.)** 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 am voluntarily donating blood through the Kentucky Blood Center (KBC) to be used as it deems appropriate, including resource sharing. I understand I must meet all donor selection standards to donate. I understand my arm will be scrubbed with antiseptic solutions in the area where the needle will be placed to collect a unit of blood or blood products. Although blood donation is generally safe, adverse reactions such as allergic reactions to the arm scrub solutions, discomfort, bruising, hematoma, arterial trauma, or nerve damage; and/or vasovagal reactions such as dizziness, fainting, nausea and/or involuntary muscle contractions, during or after donation, sometimes occur. To reduce the risk of vasovagal reactions, I agree to remain on the donor bed for a minimum of five minutes after the needle is removed, and will not leave the bed until I am feeling well and have been released by a KBC staff member. I understand, for my safety, I am to remain in the canteen area having refreshments for a minimum of 10 minutes. If I am feeling well after that, I understand I may leave. If a KBC staff member gives me any instructions or information that differ from the procedures set forth above I agree to ask to speak with a supervisor. I understand if I donate frequently, I may deplete my iron stores, which can be replaced by taking supplemental iron. If KBC is performing therapeutic phlebotomy for me, I understand that it will be provided free of charge, even if I am ineligible as a blood donor.
- If I am donating blood or blood products for transfusion to another person or for further manufacture, I have read and understand the information provided to me regarding infectious diseases transmitted by blood, and the signs and symptoms of human immunodeficiency virus (HIV/AIDS), all of which present potential risk to the safety of the blood supply. If I am potentially at risk for spreading the viruses known to cause AIDS or other potential risks to the blood supply, I agree not to donate blood or blood components for transfusion to another person or for further manufacture. I understand that, under Kentucky law, if I am at high risk for HIV or have HIV or have tested confirmatory positive for HIV or any other known causative agent for blood-borne communicable disease but donate anyway, or if I give false information to the staff of KBC regarding any aspect of my personal history that would affect my suitability as a donor, I may be guilty of a Class D felony. I understand and have truthfully answered all the questions asked during the history screening and will truthfully answer any follow-up questions. I agree that I will withdraw from the donation process if I believe my blood is not safe for transfusion.
- If I am donating for transfusion or for further manufacture, I understand that my blood will be tested for HIV, hepatitis, syphilis, other retroviruses or infectious agents, and other tests as indicated. If any of the tests are reactive, the sample will be tested further. If this testing or my donor information indicates that I should not donate blood or blood components because of a risk of transmitting the AIDS viruses, or other diseases, I will be informed of the reason, and my name will be entered on a confidential list of deferred donors. Infectious diseases will be reported to state and local health departments, as required by law. A sample of my plasma/serum may be used in clinical trials.
- If I am unable to donate today, the reason(s) will be explained to me.
- By providing any telephone number, I am consenting to receive calls and communications from KBC, including text messages, at that number in order to provide additional information related to my blood donation and to inform me of donation opportunities.
- If I have questions I understand it is my responsibility to ask KBC staff until my questions are answered to my satisfaction. I have provided true and accurate information to the best of my ability and am voluntarily consenting to the blood donation procedure.

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](http://www.kybloodcenter.org).

	Parental/Guardian Consent for Sixteen-Year-Old Student Blood Donors	KENTUCKY BLOOD CENTER Lexington, Kentucky 859.276.2534
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The following consent must be completed prior to donation and returned to blood center staff on the date the 16-year-old donates blood.

**NOTE:** Applicable portions of the form can be completed online prior to printing.

I certify that:

- I have read and fully understand the consent on Page A.
- I have asked and had answered any questions I have regarding the donation of blood.
- I have the legal authority to consent to my son/daughter/ward donating blood.

**NOTE:** A stepparent’s signature is acceptable only if the stepparent is the 16-year-old’s legal guardian.

**NOTE:** Guardians, please attach a copy of your court order of appointment. Standard power of attorney for medical / school decision making cannot be accepted.

- I give my permission to my son/daughter/ward to donate blood to Kentucky Blood Center.

**NOTE:** Before a student athlete participates in a voluntary blood donor program at school, the student should confer with his/her coach. In some instances, the athlete may not be able to participate in a sports activity (game or practice) on the same day in which he/she donates blood.

Please complete form in **BLACK OR BLUE INK** and **PRINT** the following information for the blood donor:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

High School (if applicable): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

**Signatures:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

16 Year Old Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Kentucky Blood Center Staff:

**DIN** \_\_\_\_\_