



General Information about Blood Donations

Volunteer blood donations are a key element in modern medical care. Blood plays a key role in the treatment for trauma, cancer, surgeries and other conditions. Local high schools play a major role in our community by hosting blood drives throughout the year.

Blood Donor Suitability

The Blood Center 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. Questions are asked about the donor’s medical condition, health status and exposure to infectious diseases. This is a confidential assessment process. It is important that questions be answered truthfully and thoroughly. The information is designed to protect the well being of the donor, the well being of the recipient or both.

Adverse Reactions to Donating Blood

While the blood donation process is normally a pleasant experience, it is possible that short-term side effects such as dizziness, skin irritation, bruising or fainting can occur. Although remote, it is also possible that bruising around the vein, an infection or nerve damage can develop during or after phlebotomy (the process of drawing the blood). On rare occasions, more severe reactions can occur with more serious and long-term complications.

Testing of Donated Blood and Confidentiality

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/her seventeenth (17th) 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.

After Donation

A brief rest period will follow each donation. Following the rest period, the donor is able to go back to normal activities.

Parents/Guardians: PLEASE RETAIN THIS SIDE FOR YOUR INFORMATION. Complete the form on next page. Be sure to include last four digits only of the minor’s Social Security number. Donor must be **16** by the day of donation.

Informed Consent – Blood Donation for Minor (donor must be 16 by day of donation)

I authorize the minor named below, who is my son, daughter or for whom I have legal authority, to provide medical authorization to make a blood donation at the listed blood drive on the specified date.

I have reviewed the information contained in the *General Information about Blood Donations*. 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 upon the information provided by the donor, the blood center will determine the suitability of the donor to donate a safe product. I understand this information will not be provided to me, as the blood center must ensure donor confidentiality in order to protect the donor’s rights, to protect the patient and to ensure candid disclosure by the donor. Furthermore, I confirm that I am not aware of any reason or circumstance which would make my 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 such as dizziness, skin irritation, bruising or fainting can occur. Although remote, it is also possible that bruising around the vein, an infection or nerve damage can develop during or after phlebotomy (the process of drawing the blood). On rare occasions, more severe reactions can occur with more serious and long-term complications.
- 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/her seventeenth (17th) birthday. The medical and personal information and results of testing will be held 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 acknowledge that I have read and understand the information provided in this document, and I authorize the minor listed below to donate blood at the specified blood drive.

Parent/Guardian: Please print in ink and sign

Name of Minor:	Last 4 digits SS#
Date of Birth:	Age of Donor (must be at least 16)
Name Parent or Guardian:	Relationship to Minor:
Emergency Contact Number:	
Signature:	Date:

Minor : Please sign

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

Donor Signature: _____ Date: _____

NOTE: 17 or 18 year old donors may have verbal consent from a parent or legal guardian on the day of donation. Complete the portion below for verbal consent.

Verbal Consent Obtained From: _____ Relationship: _____

Phone number dialed: _____ Date/Time: _____

Verbal Consent Obtained by CBC Staff: _____