



Place Bar Coded Blood  
Unit Number Here

### Informed Consent - Blood Donation for Minor

Please print in ink.

Name of Minor:	Date of Birth: <small>Photo ID will be required to verify date of birth.</small>	Age of Minor: <input type="checkbox"/> 16 <input type="checkbox"/> 17
Name of Parent/Guardian:		
Blood drive location:		
Blood drive date:		

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 at the listed blood drive on the specified date.

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 to 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.
- 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 acknowledge that I have read and understand the information provided in this document, and I authorize the minor listed above to donate blood 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** \_\_\_\_\_

#### **FLORIDA BLOOD SERVICES USE ONLY**

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

Verbal Consent Obtained by: \_\_\_\_\_ Verbal Consent obtained from: \_\_\_\_\_  
Name of FBS 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.

Florida Blood Services (FBS) requires over 750 volunteer donations daily to serve the needs of patients in 38 hospitals and 80 ambulatory care health facilities in Hillsborough, Pinellas, Pasco, and Manatee counties.

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 communication of confidential information.

### Blood Donor Suitability

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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 diseases. It is important that questions be answered fully and truthfully.

### Adverse Reactions to Donating Blood

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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, which is 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

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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. 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

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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 otherwise 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 yet reached his or her seventeenth birthday.