



REGIONAL BLOOD CENTER

1601 Ailor Avenue, Knoxville, TN 37921

865.524.3074

## Parental/Guardian Consent for Young Blood Donors

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 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 125 pounds including clothing/shoes, and be in good health. (Donors 17-years-old and above must weigh at least 115 pounds.)

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. 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 or the test is investigational. (By signing the consent statement, a child consents to this disclosure.) However, once your child is at least 17-years-old, results will only be released to the donor, except for investigational test results. Otherwise, all health history information will be strictly confidential except as required by law.

Blood donors may give either whole blood or they may donate red cells using a method called apheresis. In apheresis, the blood is drawn into a machine (the ALYX) that separates blood into components. With apheresis, possible side-effects may include: lightheadedness, tingling of hands & feet, numbness or tingling around the mouth, muscle discomfort, muscle twitching or spasm, sensation of coolness or chills, skin redness, hives, itching, dyspnea, dizziness, pallor, feeling of warmth and excessive tiredness. Although very rare, air embolism, blood clotting or hemolysis could occur.

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

I have reviewed and understand the information provided to me regarding the spread of the AIDS virus by blood or plasma. If I am potentially at risk for spreading the virus known to cause AIDS, I agree not to donate blood or plasma for transfusion to another person or for further manufacture.

I understand that my blood may be used for transfusion, further manufacture, or research. I understand that my blood will be tested for laboratory evidence of infectious agents capable of being spread through blood transfusion including, but not limited to, hepatitis, the AIDS virus, and other clinically important viruses. I understand that other tests deemed necessary to promote donor or product safety may be performed on my blood. If a test result is either positive or unclear, my blood will not be used and my name may be placed on a deferral list. State health authorities will be notified of certain positive test results. I understand that if I am determined to be ineligible to donate that my record will include this information. I understand there may be circumstances in which infectious disease tests will not be performed.

The blood donation process includes:

- screening (medical and social history; blood pressure, pulse, temperature and hemoglobin tests)
- cleansing of the arm and insertion of a sterile needle for one-time use
- collection of approximately one pint of blood
- refreshments, rest, and post-donation care instructions to help ensure your well-being

Though the blood donation process is generally safe and well tolerated, mild to severe adverse reactions may occur. These reactions could include dizziness, nausea and vomiting, bruising, hematoma, an allergic reaction, fatigue, loss of consciousness, nerve damage or arterial puncture. Loss of iron from the body will also occur. Iron is needed to make new blood cells to replace those lost from donation and other processes. Donating blood reduces iron stores in the body. In many people, this has no effect on their health. However, in some people, blood donation may remove enough iron that it may impact their iron stores. Symptoms of low iron levels may include fatigue, decreased exercise capacity, restless leg syndrome, and pica (craving to chew things such as chalk or ice). A qualifying donor hemoglobin does not always rule out a low iron state. The mitigation of donor iron loss may include iron supplementation, dietary changes, and less frequent blood donation. I understand I should speak with my health care provider if I have questions about my iron stores or questions about taking iron supplements, as people tolerate them differently.

MEDIC Blood Coverage (**donor and IRS dependents**) does not apply to pre-existing conditions diagnosed or treated within the 12 months prior to an application or donation for membership.

Contact may be made using phone numbers, including cellular phone numbers, texting, email, and mailing address for post donation follow-up, future donation notifications, and blood center events. Message and data rates may apply. You may change your contact preferences at any time.

My signature certifies that (1) I have read the consent statement for whole blood or apheresis donors, (2) I understand the procedure of donating and the possibility of an adverse reaction, (3) the information I have given is true and accurate, (4) I am voluntarily granting MEDIC Blood Center permission to draw approximately 500 milliliters (approximately one pint) of my blood, (5) my questions have been answered, (6) I understand I have the right to stop the procedure at any time, and (7) if I have been told I am being deferred for any reason, this has been explained to me and I understand the reason for deferral.

# YOUR STUDENT WANTS TO SAVE LIVES!

## Parental/Guardian Consent for Young Blood Donors

**THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED TO THE BLOOD CENTER STAFF ON THE DATE OF THE FIRST BLOOD DONATION FOR A 16 YEAR OLD DONOR, ALONG WITH POSITIVE ID!**

**Print the following information for the donor, preferably in ink.**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Last Four: \_\_\_\_\_

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

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

Address of Parent/Guardian/DCS: \_\_\_\_\_

Contact Number (where parent/guardian/DCS caseworker can be reached during the day): \_\_\_\_\_

**BEFORE YOU DONATE BLOOD**  
 It's important to drink plenty of hydrating fluids within 24 hours  
 of donating, like water, sports drinks, or juice.  
 On the day you donate, make sure you eat a hearty meal  
 like a sandwich, eggs, or a fruit smoothie with protein.

- I have read and fully understand this consent (on the reverse).
- I have asked and had answered any questions I have regarding the donation of blood.
- I give permission for my 16 year-old son/daughter/ward to donate blood to MEDIC Regional Blood Center until he/she is 17 years of age or until I withdraw my consent by notifying MEDIC in writing. (The DCS caseworker should sign the consent for 16 year-olds in foster care.)
- My son/daughter/ward meets the minimum weight criteria of 125 pounds for 16 year-old donors (including shoes and clothing).

**Signatures indicate that I understand and agree with the statements above:**

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

Young Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(DCS = Department of Children's Services)*

Facsimile, photocopy, or electronic submission of this page is acceptable in lieu of the original.

**THIS COMPLETED CONSENT ALONG WITH POSITIVE ID MUST BE PRESENTED AT TIME OF CHECK IN!**