



<p><i>For IBC use only</i></p> <p>Type of ID presented (per IBC0100) ___ Driver's license or state ID ___ Yearbook photo/school ID with DOB list provided by school ___ Other (list) _____</p>	<p><i>For IBC use only</i></p> <p>Donor date of birth ____/____/____ Month / Day / Year</p>	<p>UNIT NUMBER <i>For IBC Use Only</i></p>
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Parental/Guardian Consent to Blood Donation for 16 Year Old Donors

Voluntarily donating blood through the Indiana Blood Center (IBC) allows the blood to be used in any way IBC deems advisable. A sterile needle will be placed in the donor's arm and a unit (approximately 500 mL) of whole blood will be collected. Side effects seldom occur, but the donor may experience discomfort, bruising and/or bleeding at the needle site, nerve damage, dizziness, nausea, vomiting, fainting, involuntary muscle contractions, arterial puncture, infection, seizure, temporary loss of bladder control, blood clot formation (thrombosis), and/or vein inflammation (phlebitis).

Notices

- IBC performs a screening test for the human immunodeficiency virus (HIV), hepatitis, syphilis, and other infectious diseases on every donor's blood.
- IBC reports to the state department of health the names and addresses of blood donors whose blood tests area confirmed positive for HIV, syphilis, hepatitis and other tests as required by state and federal laws.
- A person who recklessly, knowingly, or intentionally donates, sells, or transfers blood that contains antibodies for HIV commits transferring blood, a Class C felony. The offense is a Class A felony if the offense results in the transmission of the virus to another person.

The donor may call IBC within 24 hours of donating to request that the donation of blood be discarded. Any test results or donor information that indicates that this donor's should not be used; the donor's name will be placed on a confidential donor deferral list. The donor and/or parent/legal guardian will be informed and counseling will be available if the results of any of these tests are cause for deferral. There are circumstances in which infectious disease tests cannot be performed. A sample of the donor's plasma/serum may be utilized in clinical trials.

The donor will be given and required to read educational materials regarding the risk of infectious diseases transmitted by blood and the signs and symptoms of HIV/AIDS. The donor will be asked to agree not to donate if the donor is at for transmitting HIV/AIDS. The donor is free to ask questions and may withdrawal from the procedure at any time.

The donor will sign the consent section of the Donor Registration Form indicating that the donor has provided accurate information and is voluntarily consenting to a blood donation.

By providing the donor's phone number on the Donor Registration Form, the donor is authorizing and consenting to receive calls from the Indiana Blood Center, including electronic messages, to contact donor at a number provided, whether or not is a wireless (e.g., cellular) or fixed line (e.g., home, work) number, in order to provide additional information related to blood donations and further donation opportunities. The donor's contact information is for IBC use only and will not be distributed to other parties except as stated above.

Donor must be positively identified by photo ID or Bio-Key database. Students donating at high schools, vocational schools, etc., must also provide proof of age.

Please call 317-916-5150 or 1-800-632-4722, ext. 5150 for more information.

Complete using blue or black ink:

I confirm I am the parent or legal guardian of the individual named below, that I have read and understand the information stated above, that my child is at least 16 years of age, and I give my permission for him/her to donate blood:

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

I confirm that the above signature is that of my parent or legal guardian:

Student Name Printed: _____

Student Signature: _____ Date: _____