

16 Year Old Blood Donor Parental/Legal Guardian Permission and Consent Form: 1164PDF02

The Blood Connection
Piedmont, SC 29673

I certify that I am the parent or legal guardian of {first & last name} _____, a minor child under the age of seventeen [hereinafter "my child"] who by South Carolina Law is required to have my written consent to donate. I have read and understand the requirements to be a blood donor. I understand that my child will be donating voluntarily and transferring possession of a portion of his or her blood to The Blood Connection. I understand that he or she may withdraw at any time. I understand that in order to donate the first time he or she will be expected to present a government issued document listing proof of age. A document with my child's photograph is preferred. A driver's permit/license, photocopy of birth certificate, passport, school ID (listing birth date) are examples of such documents. At high school blood drives, printouts of student rosters provided by the school are also acceptable sources of age verification.

I agree to inform The Blood Connection if my child does not meet the requirements to be a blood donor or if I believe he or she has been infected with HIV (AIDS) or any other disease capable of being spread to another person by blood or plasma. I understand that a person's medical history and past lifestyle behaviors determine suitability to be a blood donor, and that if my child is determined to be ineligible to donate, then his or her blood donation record will include this information.

I have been informed and understand that my child's donated blood will be tested for laboratory evidence of infectious agents capable of being spread through blood transfusion, including but not limited to: Hepatitis B, Hepatitis C, HIV-1 (AIDS), HIV-2, HTLV-I, HTLV-II, WNV, CMV, and Chagas. I understand that if an insufficient amount of blood is drawn, it cannot be used for transfusion, and some or all the tests may not be performed. I understand the blood may be tested for other diseases by additional tests as they become available and are thought to improve the safety of the nation's blood supply. I understand that my child's health information will remain confidential in accordance with State and Federal privacy and disclosure laws, and that The Blood Connection will not routinely report results of its testing unless the results make him or her ineligible for further donations or indicate a health problem, in which case The Blood Connection will report the results to my child and to me. In order to interpret and better understand these tests The Blood Connection may contact me or my child at a later time to request a repeat blood sample. I understand that if testing indicates my child is no longer eligible to donate, then his or her record will include this information. I understand that my child's blood may be discarded because of test results, and that certain test results must be reported to the State Health Department.

The donation process has been explained to me and all my questions answered to my satisfaction. I understand that certain rare medical complications may be associated with giving blood. These include but are not limited to bruising, infection, nerve injury, pain, dizziness, fainting, falling and nausea.

I have read and understand the above and hereby permit The Blood Connection to draw blood, plasma, and/or platelets from my child to be tested as required, and used as deemed advisable including providing blood locally, regionally, or nationally to meet patient and biologics manufacturing needs.

Parent / Legal Guardian (print name) _____

Parent / Legal Guardian (signature) _____ Date: _____

Address: _____

City: _____ State _____ Zip _____

Preferred Phone #: _____

I certify that the above person is my parent or legal guardian and that I also consent to the above and acknowledge that The Blood Connection will report any of the above results to both my consenting parent / legal guardian and to me. I understand a government issued document listing proof of age must be provided at my first donation. A document with my photograph is preferred. A driver's permit/license, photocopy of birth certificate, passport, school ID (listing birth date) are examples of such documents. At high school blood drives, printouts of student rosters provided by the school are also acceptable sources of age verification.

Sixteen Year-old Donor (print name) _____

Sixteen Year-old Donor (signature) _____ Date: _____

For more information concerning 16 year old blood donors, please visit our web site at thebloodconnection.org

TBC Staff Only:

Consent Review and Age Verification Completed by: _____
Tech Code