



Parental/Guardian Consent for Young Blood Donors

Your son/daughter 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 and weigh 120 pounds or be 17-years-old and weigh 110 pounds and be in good general health and have with them positive ID to donate. If the donor is 16-years-old, state statute requires that they must have parental consent; 17-year-old donors may donate blood without parental/guardian consent.

On the day of donation, your child should eat a good meal and be well hydrated and well rested. 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. (By signing below, a 16-year-old child consents to this disclosure.) However, if your child is at least 17-years-old, results will only be released to the donor. Otherwise, all health history information will be strictly confidential except as required by law.

The donor's arm will be scrubbed with antiseptic solutions in the area where the needle will enter. Every precaution is taken to ensure a safe and pleasant donation experience. Donors with no history of medical problems usually have no adverse reactions to donating blood. Although severe adverse reactions are rare, allergic reactions to the arm scrub solutions, bruising, hematoma, arterial trauma, nerve damage, fainting, nausea/vomiting, hyperventilation and/or convulsions during or after donation can possibly occur. 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 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. 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.

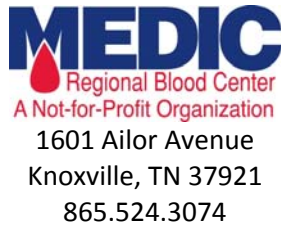
Your blood may be tested for other diseases by additional tests thought to improve the safety of the nation's blood supply as they become available.

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

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 possible adverse reaction, and that (3) the information I have given is true and accurate. I am voluntarily granting Medic Blood Center permission to draw approximately 500 milliliters (approximately one pint) of my blood. (4) 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.

If you have any questions or concerns regarding the donation process, please call Medic at 865.524.3074 between the hours of 8am-5pm or visit our website at www.medicblood.org.

ALL 16-YEAR-OLD DONORS MUST PRESENT THE CONSENT FORM ON REVERSE TO THE MEDIC STAFF TO DONATE BLOOD!



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THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED TO THE BLOOD CENTER STAFF ON THE DATE OF THE BLOOD DRIVE!

Please complete this form in black ink and print the following information for the young donor:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Age: _____ Weight: _____

High School (if applicable): _____

Name of Parent/Guardian: _____ Relationship: _____

Address of Parent/Guardian: _____

Contact Number (where parent/guardian can be reached during the day): _____

I certify that:

- 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 my permission for my 16-year-old son/daughter/ward to donate blood to Medic Regional Blood Center. Note: State law does not require consent for 17 year old donors.
- I certify that my son/daughter meets the minimum weight criteria of 120 pounds.

Signatures:

Parent/Guardian Signature: _____ Date: _____

Young Donor Signature: _____ Date: _____

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