

Minor Consent Form



FAQs

How will donating blood affect me if I play on a sports team?

We recommend all donors avoid heavy muscular or strenuous activity such as lifting, running, pushing or picking up heavy objects for four to five hours after donating. Make sure you drink plenty of fluids for 24 hours following your donation. If you have sports practice on the day you give blood, we recommend you don't practice on that day. Strenuous activity immediately following blood donation may result in side effects including light-headedness or dizziness that may reduce performance due to a decrease in the volume of red blood cells which carry oxygen throughout the body and are needed for energy. When you donate blood, your body temporarily loses fluid which is replaced within 24 hours. This, however, will make you prone to dehydration especially if you participate in a sports activity. If you are required to participate in practice on the day of the blood drive, it is best if you don't donate blood.

Is it really important that I eat a good meal and drink lots of water before I donate?

Yes! Please eat a full meal within 4 hours prior to your donation. A healthy meal helps to ensure a successful blood donation and helps you feel better during the process. When you donate a unit of blood you lose some of your body's natural energy. By donating blood after a meal and enjoying a snack at our canteen after your donation, your body will have additional energy to compensate for your donation. Drinking water prior to donating also helps ensure a successful donation by keeping your body hydrated.

Denver Metro
303.366.2000
Outside
800.365.0006
www.bonfils.org

Hour Information

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Want to donate blood?

If you are 16 or 17 years of age you must have the Minor Consent Form on the back signed by a parent or guardian.

Attention Parent or Guardian: Please Read, Complete and Sign Form

CDO_297

Below are the consent statements your son/daughter will be asked to read and sign before they donate. By signing the form on the back, you are consenting for your 16 or 17-year-old to make a voluntary blood donation. This signed form is the only verification that will be accepted - we cannot accept phone verifications.

Whole Blood / Phlebotomy Consent

Phlebotomy is the process of withdrawing blood from a vein. I am voluntarily consenting to the phlebotomy procedure for the donation of blood and have had the chance to refuse the phlebotomy procedure. Furthermore, I certify that I have answered truthfully all of the questions addressed to me regarding my present and prior illnesses, symptoms and physical conditions. I have read and truthfully answered the questions set forth in the donor questionnaire. I understand that by not disclosing all of the information set forth in the donor questionnaire, I could put myself at risk for complications or place others at risk of a transfusion transmitted disease as a result of this donation.

In giving consent to Bonfils Blood Center to perform phlebotomy, I acknowledge that the procedure of phlebotomy has been explained to me and that I have had the opportunity to discuss the risks associated with phlebotomy and ask any and all questions.

I understand that my blood will be TESTED for HIV, AIDS, hepatitis and other diseases. If these tests indicate that I should no longer donate blood or plasma because of a risk of transmitting disease, my name will be entered in a list of permanently deferred donors. I understand that I will be notified of an abnormal test result, which will be reported to authorities as required by law. Some tests may be unlicensed or used for research purposes.

I understand that I SHOULD NOT DONATE blood if I am at risk for HIV/AIDS or hepatitis (refer to "Making Your Blood Donation Safe"). If I consider myself to be a person at risk for spreading the virus known to cause AIDS, or other infectious diseases, I agree not to donate blood or other blood products for transfusion to another person or for further manufacture.

I further understand that there are known COMPLICATIONS associated with donating blood. Complications can occur at the site where the needle was inserted and may extend beyond my arm and cause systemic complications throughout my body.

Localized complications include:

- Pain
- Soreness
- Redness
- Bruising
- Swelling
- Bleeding vascular injury
- Tissue scarring
- Localized infection

Systemic complications may include:

- Systemic infections
- Lightheadedness
- Fainting or passing out which may result in additional injuries if I fall or drive.

I also understand that on rare occasions severe reactions to a phlebotomy procedure can have long-term or permanent effects including, but not limited to damage to nerve or muscle at or around the phlebotomy site which may result in numbness, pain or localized paralysis and the need for extended medical treatment.

I understand that the blood I donate today may be used for transfusion to a patient or any other medical need Bonfils Blood Center has for its use.

I also understand that my blood may be used for further manufacturing, research or investigational studies (no DNA analysis will be conducted).

I give my consent to have a phlebotomist draw blood from me today.

Attention Parent or Guardian: Please Read, Complete and Sign Form

Apheresis Consent

I hereby voluntarily give my permission to Bonfils Blood Center to remove blood from my body on this day by an automated procedure called apheresis. Apheresis is a procedure whereby needle(s) are placed into the vein(s) of one or both arms, whole blood is withdrawn from the donor and mixed with an anticoagulant (an agent which prevents or delays blood coagulation). The blood is then mechanically separated into various parts and a portion of that blood (red blood cells, platelets and/or plasma) is transferred to separate bags and saved. The remainder of the blood is returned to the donor (myself). This procedure may take between one and two hours to perform, during which time I will be connected to the machine and unable to get up and move around freely.

Risks of apheresis range from mild discomfort to severe reactions and include but are not limited to:

- Anxiety, headache, pale skin tone, excessive tiredness or general weakness
- Hives or other allergic reaction
- Numbness and/or tingling of face, lips and/or fingers or muscle tension from the citrate during return of blood
- Low blood pressure or convulsions due to changes in blood volume
- Chills, fever or feelings of warmth
- Shortness of breath or hyperventilation
- Unpleasant taste sensation, nausea or vomiting

Additional side effects for plateletpheresis (the removal of platelets during apheresis) may include a transient decrease in platelets and loss of a small amount of lymphocytes (a type of white blood cell) along with platelets. I have been informed that the effect of this loss is unclear. Loss of red blood cells due to leakage or breakage of the plastic tubing or containers may occur and thus prevent the return of red blood cells. Since the removal of blood and the return of blood are accomplished through the use of needles and tubing, it is possible that clotting could occur in the needles or tubing and this may lead to the termination of the individual procedure. There is a possibility that the red blood cells removed during the procedure could be broken down (hemolysis) due to a malfunction of the machine; however, this is rare.

Although the machine is equipped with an air detector to prevent air bubbles, there is a remote possibility of an air bubble entering the donor. The consequence of this unlikely event could be severe.

These, along with technical difficulties and side effects, could cause discomfort or serious problems. I understand that I will receive no medical benefit from this procedure, that my donation is voluntary and I could alternatively not undergo apheresis. I understand that I should avoid strenuous use of my arm(s) for about four hours after the donation.

I have read the above statements. The procedure and risks have been explained to me. I have been given ample opportunity to ask questions about the procedure, the risks and anything I did not understand. I have had an opportunity to refuse permission and realize I can withdraw permission at any time.

Photo Release

I give Bonfils Blood Center permission to use my son/daughters' photos or likeness in future promotional materials.

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CDO-013-PRD rev 9

Please Complete all Fields in Order to Donate (Please PRINT CLEARLY using a BLACK or BLUE ballpoint pen to complete the form.)

Donor's Last 4 SSN: _____ Donor's Date of Birth: _____ Donor's Age: _____

Donor's Address: _____

City/State/Zip: _____ Donor's Phone #: _____

Minor Consent Form

I acknowledge that I have read and understand the information provided in the above consent statements and the blood donor requirements and I authorize the minor listed below, who is my son, daughter or someone for whom I am legally authorized to provide medical authorization, to provide a blood donation to Bonfils Blood Center. I also authorize a photo release if pictures are taken at the donation site.

I understand that sensitive and personal information will be obtained from the donor prior to any donation as part of the routine donor screening process. This includes information required by the FDA pertaining to the donor's sexual history and Bonfils is required to define sexual content with explicit language that will be available on materials given to my son/daughter. Based upon this information, Bonfils will determine the suitability of the donor to donate blood. Information obtained from the donation is confidential and will not be released to third parties without the donor's consent or as otherwise required by law. I understand that I may be informed of my child's test results should Bonfils be unable to reach my child.

In signing this form, I acknowledge that my son/daughter is 16 or 17 years old.

Today's Date _____ Phone # to call during minor's donation _____

Minor's Full Legal Name _____

Parent/Guardian Signature _____ Relationship to Donor _____