

Parent/Guardian Information, Acknowledgement, and Consent for Minor/Student Donors



Dear Parent/Guardian and Student:

Blood donation is a safe and easy way to have a life-transforming impact. Each year, nearly 5 million Americans need blood transfusions. Blood donated by generous volunteers offers second chances and many tomorrows to patients who depend on it. We are thrilled that your student will help us save lives. **After you review this form, and the additional information found in the online references listed on the back, we ask that a parent/guardian sign this form, giving consent for your student to donate blood.**

And we hope that your student becomes a lifelong donor! Thank you for supporting our lifesaving mission!

PRE-DONATION INSTRUCTIONS

- The day before donation, the student should drink plenty of fluids.
- On the day of the donation, the student should eat a healthy low-fat meal *before* donating, and drink 8 to 16 ounces of fluid within 30 minutes before the donation.
- Being well-hydrated helps prevent dizziness and fainting. Water or sports drinks are great choices!

BLOOD DONATION: THE PROCESS

By donating blood, your student transforms lives. Blood transfusions help patients survive traumatic injuries, recover from surgeries and make it through chemotherapy. Whole blood is the most common type of donation. Your student may also be offered the chance to provide an automated (apheresis) donation, which can do even more for patients. Our staff members will help make the donation experience pleasant by:

- Giving your student reading material and instructions on how to have a safe, comfortable blood donation.
- Teaching your student muscle tensing exercises to use during and after donation, which helps prevent fainting.
- Providing a beverage and salty snack after donation.
- Requesting students stay for a full 15 minutes in our refreshment area to allow their bodies to adjust to the donation.

Health History and Screening

Prior to donation, your student will be asked to complete a questionnaire about his or her health history, medications, travel and other risk factors for infectious disease. We use this information and test every donation for infectious diseases (including HIV and hepatitis, among others) and perform other routine blood donor screening to help ensure donor and patient safety. Positive infectious disease test results are provided to the student AND the student's parents/guardians for minors (under age 18), except in California where a minor's permission is required to release the results to a parent/guardian. If required by law, positive test results will be reported to state and federal agencies.

Whole Blood Donation

During whole blood donation, our specially trained staff will carefully insert a new, sterile, disposable needle into a vein in the arm. Once collected, the blood is separated into components (red blood cells, plasma or platelets), tested and prepared for patient use.

Automated (Apheresis) Collection

During an automated (apheresis) donation, our specially trained staff will carefully insert a new, sterile, disposable needle into a vein in the arm and use special equipment to collect and separate specific blood components. The remaining components are safely returned to the donor. During this collection process, a small amount of anticoagulant (citrate) is added to the blood to prevent clotting. The donor may also receive saline solution to help replace fluids.

Iron and Young Donors

Young donors are at risk for low iron stores. We measure a hemoglobin level before every donation to ensure young donors can safely donate, as the iron lost during blood donation could eventually lower hemoglobin. We recommend young donors take a multivitamin with iron or an iron supplement. A dose of 18 to 28 mg of elemental iron taken daily for 60 days soon after donating whole blood, or after every fifth apheresis donation, is sufficient to replace iron lost during donation. Lower doses of iron, like those available in multivitamins, help avoid side effects. We recommend young donors discuss options with their doctor or pharmacist.

BLOOD DONATION: POTENTIAL DONOR REACTIONS AND RISKS

Although the vast majority of donors who donate whole blood and automated (apheresis) components only experience the incredible satisfaction of saving lives, the following may occur: bruising or hematoma at the venipuncture (needle insertion) site, excessive tiredness, decreased exercise capacity, light-headedness, dizziness, nausea/vomiting, palpitations, difficulty breathing, pale skin, a feeling of warmth, allergic reactions, convulsions, fainting and possible falls with injury. Although very rare, blood donation could also result in an infection at the needle insertion site, nerve or blood vessel injury, or a blood clot. Because some of these reactions occur slightly more frequently in young donors, we ask that they closely follow our pre- and post-donation instructions. Additionally, the use of citrate anticoagulant for automated (apheresis) donors can also result in a metallic taste, tingling in the lips, fingers or feet, a vibrating sensation or tremors, and muscle cramps. Low blood pressure, anxiety, fever, headache, allergic symptoms such as redness, itching, and hives can occur. Fever post-donation should be reported according to the instructions given after donation. A sensation of coolness or chills due to the return of cooled fluids and blood can also occur. On extremely rare occasions, equipment malfunction may result in blood loss, red blood cell damage or a small amount of air in the blood circulation. Apheresis procedures have short-term effects on bone minerals and counts of lymphocytes (a type of white blood cell); the long-term effects of frequent apheresis donations remain unknown.

We recommend donors wait at least 12 hours before operating heavy machinery or driving commercial vehicles, and at least 24 hours before engaging in strenuous exercise (including heavy lifting or intensive arm exercise).

PLEASE BE SURE THAT YOU ALSO READ THE ADDITIONAL INFORMATION FOUND ONLINE:

- *Information and Instructions for Your Blood Donation;*
- *Use of Donor Information, Blood, and Blood Samples in Research; and*
- *Informed Consent for Donation by Automated (Apheresis) Collection Methods.*

This information can be found online at vitalant.org/resources/donor-forms#parentconsent. If you are unable to access the documents or have any questions about the online information, please call 1-800-289-4923, Monday through Friday, 6:30 AM – 5:30 PM MST. On the day of the donation, your student will be asked to review this information and sign an acknowledgment that provides your student's consent to blood donation.

PARENT/GUARDIAN ACKNOWLEDGMENT AND CONSENT: Complete all the following using black or blue ink.

By signing this form, I acknowledge I have read and understand the information and instructions on this form, including the additional information available online. I hereby consent and give permission for my student to donate blood or blood components, including by automated (apheresis) collection, and for my student's donation information, blood or blood samples to be used in a confidential manner for treatment of patients, research, testing, training, and other uses as needed. I further expressly consent that my student may be contacted concerning future blood donations, follow-up questions or any other legitimate purpose, including communications via email, auto-dialer, pre-recorded messages and/or auto-text messaging to the cellphone number(s) and other contact information provided.

Student's Name: **(Print)** _____ Date of Birth: _____

Parent/Guardian Name: **(Print)** _____

Parent/Guardian Name: **(Signature)** _____

Date of Approval: **(Month/Day/Year)** _____

Phone # where Parent/Guardian can be reached: _____

Vitalant Center Staff

Required - Collection Site Code: _____

Verbal Consent	
I, _____ <small>(print staff name)</small>	spoke with _____ <small>(print name of parent/guardian)</small>
via telephone	
on _____ <small>(date)</small>	to obtain verbal consent for _____ <small>(print student's name)</small>
to donate blood.	
The following documents were provided/read to the parent/guardian: BS 319RS, BS 351, and BS 850.	
<input type="checkbox"/> Read aloud	<input type="checkbox"/> Emailed
<input type="checkbox"/> Texted	
The parent/guardian was given an opportunity to ask questions after documents were read.	
The parent/guardian verbally: <input type="checkbox"/> Approved donation <input type="checkbox"/> DID NOT approve donation	
(EC and Date)	