

## Important Reminder

The complete consent form **must** be presented at the time of donation to be accepted.

**THIS FORM IS TO BE USED FOR 16 YEAR OLD DONORS ONLY**

### Informed Parental/Guardian Consent Form

Your child has expressed an interest in donating blood. Donating blood is safe, easy and saves lives. Over 200 blood and platelet donations are needed everyday, year round. Donors can help save up to three lives in just one hour. We hope you will support your child's decision to help those in need within our community.

Donating blood is safe. Sterile single-use supplies are used for the safety of the donor. In about one hour, donors complete a short medical history; receive a mini-physical where temperature, blood pressure and iron level are measured; recline comfortably for 5-10 minutes while donating; and enjoy refreshments before leaving.

Blood donors give one pint of blood that their body quickly replaces. The donation process may occasionally cause dizziness, nausea, fainting, seizures, bruising, infections, and possible nerve injury at the needle site.

All blood donations are screened for several blood borne disease markers. Federal and state privacy laws have privacy requirements which govern the release of these results. In accordance to these requirements, the test results will be released to the donor only and they will be notified of abnormal test results.

In the case of a positive result for infectious disease markers or medical condition, the donor's name may be placed on a permanent deferral list. This blood will not be used for any patient treatment or care purposes. State law requires that some positive test results be reported to the Virginia Department of Health. There are some circumstances in which infectious disease tests cannot be performed such as clotted specimens, broken tubes, instrument malfunction, and short draw units. The donor will not be informed of this occurrence.

Virginia, Maryland & D.C. laws allow minors at the age of 16 to donate blood with written consent by a parent or guardian. If donating at a high school blood drive, some schools may require similar consent even for older students (**Minors 17 years of age or older may donate without parental consent unless required by the school**). If you consent to your child's donation, please complete the consent form at the bottom of this page.

If you have questions regarding your child's decision, please call the Inova Blood Donor Services Donor Advocate at (571) 434-3628.

**Please fill out form below IN BLUE OR BLACK INK and return only the form portion at the time of donation.**

**Keep the top for your records.**

Name of Donor: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Blood drive location: \_\_\_\_\_ Blood drive date: \_\_\_\_\_

I verify that I am the Donor's parent/guardian.

I have read and understood this entire form and the overall blood donation process.

I understand that there are some risks associated with blood donation, including, but not limited to dizziness, nausea, fainting, seizures, bruising, infections, and possible nerve injury at the needle site.

I understand that Inova Blood Donor Services will notify my child in writing of any abnormal test result(s) for certain blood borne diseases markers. I understand that any positive result for HIV, Syphilis, Hepatitis B and C Anitgen, or West Nile Virus will be reported to the Health Department or agency as required by applicable law.

In the event of an emergency, I may be contacted at the following telephone number: \_\_\_\_\_

I hereby give permission/consent for my son/daughter or ward, (Please print name) \_\_\_\_\_, to make a voluntary and uncompensated donation of blood to Inova Blood Donor Services.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be in black/blue ink)

Donor's Date of Birth: \_\_\_\_\_

INOVA BLOOD DONOR SERVICES USE ONLY *Note: Verbal consent must be obtained by school official*

Verbal consent obtained by (school official): \_\_\_\_\_ Title: \_\_\_\_\_

Verbal consent obtained from: \_\_\_\_\_ Relationship to donor: \_\_\_\_\_

Telephone number dialed: \_\_\_\_\_ Time/Date of call: \_\_\_\_\_