

Parental Acknowledgement Form

Acknowledgement from parent/guardian for minor to donate blood

ATTENTION MINOR AND PARENT/GUARDIAN:

Please Read All Information on Front AND Back then Complete and Sign Form

IMPORTANT FACTS FOR BLOOD DONORS

REQUIRED ITEMS FOR MINOR TO BRING ON DAY OF DONATION

- If you are 16 or 17 years of age you must have the Parental Acknowledgment Form completely filled out and signed by your parent or guardian to be able to donate on the day of your drive.
- No matter your age, you must have some form of identification with you when you present to donate on the day of your drive. Examples of identification include but are not limited to: driver's license, work badge, school ID, credit card, mail, etc.

LIFESAVING IMPACT OF BLOOD DONORS

- Giving blood and time makes you part of a local nonprofit mission and lifesaving cause.
- Nearly 8 percent of Bonfils' blood collection comes from high school blood drives.
- Donating blood is an easy way to volunteer and save lives throughout the year.

EATING AND DRINKING BEFORE AND AFTER DONATING BLOOD

- It is imperative that prior to your donation you eat within 2 hours and hydrate for 24-48 hours so your donation process is smooth and you feel better during the process.
- After your donation it is also important to rest in our canteen area, have a snack and rehydrate so your body will have additional energy to compensate for your donation.

PHYSICAL ACTIVITY AND SPORTS AFTER DONATING BLOOD

- Donating blood leads to a temporary decrease in the volume of oxygen-carrying red blood cells so strenuous activity after donation can lead to side effects like light-headedness or dizziness.
- Do not engage in strenuous activities such as lifting, running, pushing or picking up heavy objects for at least four to five hours after donating blood.
- If you have sports practice or a game on the day of the blood drive, we recommend you do not practice or play or if you are required to practice or play that you do not donate blood.

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In order to donate, this form **MUST** be filled out completely and printed clearly with a **BLACK or BLUE** ballpoint pen.

Donor's Name: _____

Donor's Last 4 SSN (if known): _____ Donor's Date of Birth: _____ Donor's Age: _____

Donor's Address: _____

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

*Donor **MUST** present with a form of identification at time of donation.

Donor is emancipated and has been verified by staff.

I acknowledge that I have read and understand the information provided in the acknowledgement statements on the back side of this document 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.

Our blood center participates in research to improve blood safety. We may use your son/daughter's donor history information and a sample of your son/daughter's blood, in a confidential manner, for blood safety research, as described in the accompanying research information document(s). We are required to get parental consent for both 16- and 17- year old donors for this research. For more information about this research or blood donation, go to bonfils.org/reading.

IN SIGNING THIS FORM, I ACKNOWLEDGE THAT MY SON/DAUGHTER IS 16 OR 17 YEARS OLD.

Minor's Full Legal Name: _____ Phone # to call during minor's donation: _____

Parent/Guardian's Name: _____ Relationship to Donor: _____

Parent/Guardian's Signature: _____ Date: _____



ATTENTION MINOR AND PARENT/GUARDIAN:

Please Read All Information on Front AND Back then Complete and Sign Form

Below are the consent statements your son/daughter will be asked to read and sign before they donate. By signing the form on the front, 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 ACKNOWLEDGEMENT

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.

APHERESIS ACKNOWLEDGEMENT

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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