

Children's Hospital Boston, MA 02115

Transfusion Medicine Service

PARENTAL CONSENT FOR SIXTEEN YEAR OLD DONORS

TO THE PARENT OR GUARDIAN, _____

Your son/daughter has been asked to give the gift of life by donating blood at his/her high school blood drive. High school blood drives provide a special opportunity for students to learn about community service and the value of selflessly helping others. Students who donate blood in high school will normally continue after graduation. We hope you encourage your child to participate in blood donation. He or she is showing great civic responsibility, maturity and a sense of community pride by becoming a blood donor. By donating blood, your child has the potential to save 3 lives!

In order to donate, your child must be at least 16-years-old, weigh at least 110 pounds, and be in good general health. In addition, if they are 16-years-old, we must have parental consent. Parental consent is not required for donors that are at least 17-years-old, but you might find this information helpful in discussing blood donation with your child.

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. On occasion, there are donors that experience mild to moderate side effects due to donating blood, including feeling warm/sweaty, becoming pale, feeling faint or dizzy, upset stomach, bruising, swelling or redness at the needle insertion site, pain at the insertion site, feeling tired, hyperventilation, low blood pressure and headache. Less common side effects include fainting, muscle spasms, or on extremely rare occasions, nerve damage. Reactions to blood donation can occur at any time throughout the donation process, including after the donor has left the donation site.

On the day of donation, please make sure your child eats a good meal and is well hydrated. Please also make sure that your child has 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. Your child will be asked to read material that explicitly explains vaginal, oral and anal sexual activities. To ensure that we maintain a safe blood supply, it is imperative that 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, a letter will be sent directly to your son or daughter.

Your child will be asked to read and sign the following donor consent on the day of donation:

I certify that I have answered truthfully all questions regarding my present and prior illnesses, symptoms and physical conditions and voluntarily donate blood to the Children's Hospital Boston Transfusion Service to be used at its discretion. My blood will likely be tested for infectious diseases including the AIDS virus and I will be informed of confirmed positive results. Positive results for some infectious diseases may be reported to the Massachusetts Department of Public Health. By-products of donations, not suitable for transfusion, may be used for research.

THE FOLLOWING CONSENT MUST BE COMPLETED AND RETURNED ONLY IF THE STUDENT IS 16-YEARS-OLD ON THE DATE HE/SHE DONATES BLOOD.

I CERTIFY THAT I HAVE READ/OR FULLY UNDERSTAND THE ABOVE CONSENT, HAVE ASKED AND HAD ANSWERED QUESTIONS I HAVE REGARDING THE DONATION OF BLOOD, HAVE THE LEGAL AUTHORITY TO CONSENT TO MY 16YEAR-OLD SON/DAUGHTER DONATING BLOOD, AND I GIVE MY PERMISSION TO MY 16-YEAR-OLD SON/DAUGHTER TO DONATE BLOOD TO COMMUNITY BLOOD CENTER.

Please print the following information:

Donor Name (print): _____ Age _____ Date of Birth: _____

High School (if applicable): _____ School Year (if applicable): _____

Name of Parent/Guardian: _____ Relationship: _____

Contact Number _____

Parent/Guardian Signature: _____ Date: _____

16 Year Old Student Signature: _____ Date: _____