

Parent/Guardian Consent Form for Blood Donation

Our goal is to provide donors with a positive donation experience and patients with safe blood. In order to accomplish this goal, please read the blood donor information on our website (www.uclahealth.org/programs/gotblood) as well as the following information to help prepare your child for their blood donation. Please feel free to contact the UCLA Blood & Platelet Center at (310) 825-0888 ext. 2 if you have any questions.

Important Information about Donating

Donating blood is a safe and simple process that uses single-use sterile supplies. Nevertheless, on rare occasions, temporary medical complications may be associated with donating blood, including bruising, dizziness, fainting, nausea and even more rarely, infection and nerve injury. Drinking plenty of fluids and eating well can help reduce reactions. It is important for donors to follow the post-donation instructions provided by the UCLA Blood & Platelet Center staff in order to help manage or avoid developing complications after the donation is completed.

- I have read and understand the information provided about donating blood. I am aware that my child (listed below) plans to make a voluntary donation.
- My child is at least 16 years old.
- For Directed Donations, my child is at least 15 years old.
- I understand that my child will answer confidential questions regarding their health history.
- I understand that all donated blood will undergo laboratory testing for viral agents and diseases, including HIV, Syphilis, Hepatitis B virus, Hepatitis C virus, and other infectious agents as required by applicable laws or regulations. These tests are performed to protect the patients who receive blood. Testing for other infectious agents may involve the use of investigational tests.
- Abnormal (positive) test results will be disclosed by law and the donor will be notified. In some cases, blood center staff may need to discuss test results with the donor. Per California law, it is the donor's decision whether their parents/guardians are to be included in that discussion.
- I understand that donated blood is intended for patient use; any blood that cannot be used for patients (for example, due to positive test results) may be used for other purposes.

COMPLETE IN BLUE OR BLACK NON-ERASABLE INK. DO NOT USE PENCIL OR WHITE OUT.

To be completed by parent/guardian:

I am aware that my child plans to make a voluntary blood donation. By signing below, I am giving my consent for them to donate blood. My consent applies to this one donation.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Date

 Parent/Guardian Phone Number *(On the day my child donates, I can be reached at this phone number.)*

To be completed by minor (donor):

By signing below, I understand that I will be notified of test results that are important to my health or which may affect my eligibility to donate blood, including the results of testing for HIV (the AIDS virus). I understand that a new Parent/Guardian Consent form is required for each time I donate until my 17th birthday. I understand that the UCLA Blood & Platelet Center may contact my parent or guardian to confirm their permission for me to donate blood.

 Donor Printed Name

 Birthdate

 Donor Signature

 Date