

PARENTAL/GUARDIAN - DONOR CONSENT FOR BLOOD DONATION

PLEASE COMPLETE IN BLACK OR BLUE INK

My son/daughter/ward _____, has my permission to make a donation of blood to the Huntington Hospital Blood Donor Center.

Some people who donate blood may feel weak or dizzy after the donation. A few people may even faint. Occasionally, a donor may develop a bruise or tenderness where the blood drawing needle was placed. These complications are temporary and will usually improve on their own.

I have received a copy of *Making Your Blood Donation Safe* and which describes the donation process, testing and donor notification process.

I understand that all donated blood will undergo laboratory testing for viral agents and diseases, including HIV, Syphilis, Hepatitis B virus, Hepatitis C virus, Zika and other infectious agents as required by applicable laws or regulations. These tests are performed to protect the patients who receive blood. Testing for infectious agents may involve the use of investigational tests. Additionally, blood donations may also be used for research testing.

Abnormal (positive) test results will be disclosed as required by law and the parent/guardian and donor will be notified and in some instances, to the California Department of Health, as required by law.

Confirmed positive HIV tests will be reported to the local Health Department.

I give my permission for the donor center to release my son/daughter/ward's blood type to them in a letter. I also understand that this consent is for this specific donation and that if I have any questions, I may call (626)397-5422 and speak to a member of the Donor Center staff.

By signing below, I have read and understood the statements above.

Parent/Guardian Signature

Parent/Guardian Name **(PRINT)**

Date

Home Telephone Number

Work/Mobile Telephone Number

By signing below, I understand that Huntington Hospital Blood Donor Center will release abnormal (positive) test results to my parent/guardian and confirmed positive HIV test results as well other positive test results to the local health department or the California Department of health as required by law.

Donor signature

Donor Name **(PRINT)**

Date