

**PARENTAL CONSENT for
Sixteen-Year-Old
Blood Donors**



Please complete the following information in INK.

Donor's Name: _____

Donor's Date of Birth: _____

Address: _____

City/State/Zip: _____

Telephone Number Where Parent/Guardian Can Be Reached

During Donation: _____

Evening Phone : _____

- The minor listed above is at least 16 years old.
- I have read and understand the information provided to me about blood donation.
- I understand that samples of donated blood may be stored for future testing.
- I understand that all donated blood is tested for ABO blood typing, HIV (the virus that causes AIDS), West Nile virus, hepatitis B and C, syphilis and other tests.
- I consent to blood donation by the minor listed above.
- I understand that a new consent is required for each donation.

X _____
Signature of Parent/Guardian Print Name Date

Disclosure of Screening Test Results. By signing below, I (the minor listed above) authorize Riverview Hospital Blood Bank to inform me and my parent/guardian of any positive blood screening test results (including HIV test results). In addition, I understand that if blood screening test results are positive (including HIV test results), the blood bank may put my name on a list of ineligible donors and inform certain public health agencies as required by law. I understand that HIV test results may also be disclosed as governed by Wisconsin law. This consent to disclosure is effective upon signing. I understand that a new form is required each time I donate.

X _____
Signature of Minor Donor Print Name Date

Riverview Hospital Association, 410 Dewey Street, Wisconsin Rapids, WI 54494

Parental Information on Blood Donation



Your son or daughter has expressed interest in donating whole blood with Riverview Hospital Blood Bank. This commendable action displays not only a concern for the well-being of others, but a desire to make a positive difference in our community. Through blood donation, your son or daughter can positively impact the health of a patient.

In Wisconsin, a minor who is at least 16 years old may become a blood donor, if the minor's parent agrees. After age 17, the consent of the minor's parent is not required. A signed consent form for 16-year-old donors is required each time the minor donates. This form will provide you and your son or daughter with important information about blood donation.

The Donation Process

Blood donation is a safe, simple process. The entire process usually takes under an hour, with the actual donation lasting under 15 minutes. All supplies used are sterile, used for only a single donor, and then discarded. It is important to get a good night's sleep and be well hydrated prior to donating. The four steps include:

1. **Registration** – Each donor is required to present a picture ID with the donor's date of birth. The donor will complete a list of health-related questions, which will be reviewed with a staff member.
2. **Medical Evaluation** – The medical evaluation ensures safety for both the blood donor and recipient. Each prospective donor will meet with a blood bank staff member who will check the donor's blood pressure, pulse and temperature, and take a small drop of blood from the donor's finger to test the donor's blood count.
3. **Blood Collection and Testing** – Blood is collected through a sterile needle inserted into the donor's arm. To ensure the safety of persons who may receive donated blood, all donated blood is tested for ABO blood typing, HIV (the virus that causes AIDS), West Nile virus, hepatitis B and C, syphilis and other diseases. All donor information is kept strictly confidential; however, if any of these screening tests are positive, Riverview Hospital Blood Bank will inform the donor and his or her parent/guardian. In some cases, the donor's name may be entered in a registry of ineligible donors and we must inform certain government health agencies as required by law.
4. **Refreshment and Relaxation** – After the donation, snacks and drinks are provided to replenish fluids and energy levels. Also, it is important that the donor drinks plenty of fluids in the 24 hours after donation.

Potential Risks: There are some potential risks in donating blood, including: discomfort, swelling and bruising at the needle site; lightheadedness, fainting or convulsions; injury to blood vessels or nerves; infection; and local blood clot. These risks are relatively uncommon.

Questions? Please contact Riverview Hospital Blood Bank at (715) 421-7438 if you have any questions or concerns about blood donation.

If you and your son or daughter want to proceed with blood donation, please read and sign and return the Parental Consent for Sixteen-Year-Old Blood Donors form with your child when they come to donate.

Wisconsin State Statute (<http://www.legis.state.wi.us/statutes/Stat0146.pdf>)

146.33 Blood donors. Any person who is 17 years old or older may donate blood in any voluntary and noncompensatory blood program, and any person who is 16 years old may donate blood in such a program if his or her parent or legal guardian consents to the donation.