



AdventHealth Blood Center

**Informed Consent
Blood Donation for Minor (Required for Age 16)**

Name of Minor:	Age of Minor:
Name of Parent or Guardian:	
Blood Drive Location:	
Blood Drive Date:	

I authorize the minor listed above, who is my son, daughter, or someone for whom I am legally authorized to provide medical authorization, to provide a blood donation at the listed blood drive location on the listed date.

I have reviewed the information contained in the General Information about Blood Donation sheet. I understand the items detailed in this information sheet, including these facts:

- Sensitive and personal information will be obtained from the donor prior to any donation as part of the routine donor screening process. Based on the information provided by the donor, the Blood Center will determine the suitability of the donor to donate a safe blood product. I understand that this information will not be provided to me, as the Blood Center must ensure donor confidentiality to protect the donor's rights, to protect the patient, and to ensure candid disclosure by the donor. Furthermore, I confirm that I am not aware of any reason or circumstance which would make my minor son or daughter an unsuitable blood donor.
- While the blood donation process is normally a pleasant experience, it is possible that short-term side effects can occur such as dizziness, skin irritation, bruising, or fainting. Although remote, it is also possible that bruising around the vein, an infection, or nerve damage can develop during or after phlebotomy. On rare occasions, more severe reactions can occur with more serious and long-term complications.
- Donated blood will undergo testing for viral agents and diseases including but not limited to Syphilis, Hepatitis B, Hepatitis C, HIV (the virus that causes AIDS), HTLV (a rare virus that can sometimes cause leukemia or neurological disease), T. Cruzi (the causative agent for Chagas Disease), West Nile Virus, and Zika Virus. Abnormal test results will be reported to the donor. This information is confidential and will not be disclosed to anyone unless specifically authorized by the donor, except where authorized by law.
- The medical and personal information will be held by the Blood Center in strict confidence and will not be disclosed to anyone without the donor's consent, except where authorized by law.

I acknowledge that I have read and understand the information provided in this document, and I authorize the minor listed above to donate blood at the listed blood drive.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Daytime Phone: _____ Evening Phone: _____

Donor Confirmation

I confirm that the consent given based on the signature above is that of my parent or other legal guardian.

Donor Signature: _____ Date: _____

Please contact us with any questions or concerns.
2566 Lee Road, Winter Park, Orlando FL 32789
Phone #: 407-599-6006