



UNIT NUMBER  
For IBC Use Only

## Parental/Guardian Consent to Blood Donation for 16 Year Old Donors

Voluntarily donating blood through the Indiana Blood Center (IBC) allows the blood to be used in any way IBC deems advisable. A sterile needle will be placed in the donor's arm and a unit (approximately 500 mL) of blood or blood products will be collected. Side effects seldom occur, but the donor may experience discomfort and/or bruising at the needle site, nerve damage, dizziness, nausea, fainting, or involuntary muscle contractions.

The Indiana Blood Center performs tests for hepatitis, syphilis, human immunodeficiency virus (HIV), other retroviruses or infectious agents, and other tests as indicated, although there are circumstances in which infectious disease tests cannot be performed. The donor and parent/legal guardian will be informed and counseling will be available if the results of any of these tests are cause for deferral. The Indiana Blood Center reports to the State Department of Health the names and addresses of donors whose blood tests are confirmed positive for HIV, syphilis, and/or hepatitis. If any of the test results or donor information indicates that the blood should not be used, the donor's name will be placed on a confidential donor deferral list. A sample of the donor's plasma/serum may be utilized in clinical trials.

A person who recklessly, knowingly, or intentionally donates, sells, or transfers blood or a blood component that contains antibodies for HIV commits a Class C felony. The offense is a Class A felony if it results in the transmission of the virus to another person. The donor will be required to read and understand the AIDS information provided and must agree not to donate if he/she is at risk for transmitting AIDS.

The donor may call IBC within 24 hours of the donation to request that the donation of blood be discarded. Educational materials regarding the risk of infectious diseases transmitted by blood, and the signs and symptoms of AIDS, will be given to the donor. The donor must read and understand the materials as well as the above information. The donor is free to ask questions and can withdraw from the procedure at any time. The donor will sign the Consent section of the Donor Registration Form, indicating that he/she has provided accurate information to the best of his/her ability and is voluntarily consenting to a blood donation.

Please call 317- 916-5150 or 1-800-632-4722, ext. 5150 for more information.

### **Complete using blue or black ink:**

I confirm I am the parent or legal guardian of the individual named below, that I have read and understand the information stated above, and give my permission for him/her to donate blood:

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that the above signature is that of my parent or legal guardian:

Student Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

High School: \_\_\_\_\_