



## Parental/ Guardian Acknowledgment and Consent for Minor Donors Washington

### **Donors:**

Thank you for your interest in becoming a blood donor. Your donation is a lifesaving gift, and we want to make your blood donation a pleasant and safe experience. Please read the following information and be sure to share this information with your parent(s) or guardian(s). If applicable, have your parent or guardian sign the permission form below. Permission for minors is required for 16 and 17 year old donors in Washington State. Permission will remain in effect until you are 18 years of age unless revoked, in writing, by your parent/legal guardian.

#### **To determine if you are eligible to donate we will:**

- Ask questions about health, medications, sexual behavior and travel.
- Take your blood pressure, temperature, pulse, a small blood sample and verify your weight to make sure you meet the requirements.
- Clean your arm with an antiseptic. If you had a previous reaction to our antiseptic cleansing solutions, please tell us!
- Use a new, sterile, disposable needle to collect your blood.

**Your complete honesty in answering all questions is very important for the safety of patients who receive your blood. All information you provide is confidential.**

Most donors have uneventful donations. Occasionally there may be side effects such as weakness, dizziness, and fainting. There may also be tenderness, bruising, bleeding, or rarely, an infection at the site where the needle is inserted. Injuries can occur if the donor faints and falls, but such instances are rare. Reaction rates are somewhat increased in donors who are young, first-time, female, or low-weight. If a reaction occurs, you will be cared for by trained LifeStream staff.

#### **In order to minimize the chance of significant side effects, we ask you to:**

- Make sure you get enough sleep, drink additional fluids, and eat **before** donating.
- Tell LifeStream staff if you are particularly anxious about donating.
- After donation, spend at least 15 minutes in the refreshment area drinking liquids and eating cookies/crackers/etc.
- Make sure you are feeling well before you leave. If you are not feeling well, inform the attendant.
- Read the Post Donation Instructions, and be sure to take them with you when you leave.

Your blood will be tested for various infectious agents, including HIV and hepatitis. LifeStream may use the part of your donation not used for transfusion or the information contained in your registration form for quality control or investigational purposes. If we become aware of any results that are of importance to your health or that affect your eligibility to donate, we will notify you. All donor records are strictly confidential. However, state law requires that LifeStream report to the local health department the names of all persons with confirmed positive tests for certain infectious diseases. Donor records may be reviewed by regulatory agencies and manufacturers of donor tests; in the latter instance, donor identification is concealed.

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### **Parents/Guardians:**

#### **Help your student enjoy a good donation experience**

- Make sure your student eats a salty snack, like chips or pretzels, and has a meal that is higher in sodium *the day before donation*. During donation, donors lose about a gram of salt. Replacing it ahead of time helps keep blood pressure normal and can prevent dizziness or fainting.
- Make sure your student has a light meal the day of donation and *before* donating.
- Encourage your student to drink plenty of water or a sports drink the day before and day of donation. Being well hydrated also minimizes dizziness.
- Consider having your student take a multivitamin with iron or low-dose iron supplement to replace the iron lost during blood donation since younger donors are a higher risk for iron deficiency. Discuss options with your doctor or pharmacist.

**Some Potential Side Effects:** Most donors have no trouble at all during or after blood donation. Occasionally, some donors experience temporary redness or bruising around the needle site, mild arm soreness, and a temporary feeling of tiredness or weakness resulting from a lower blood volume. Less commonly, donors may experience dizziness, fainting, or pain resulting from injury to arteries, nerves, and tissues around the vein used for donation. Please let us know if you are concerned about anything your teenager experiences after blood donation.

**1-877-24-BLOOD or visit our website at <https://www.lifestreamcascade.org/>**



**Additional information regarding automated donations:** The donor will receive a small amount of anticoagulant (citrate) which is used to prevent the blood from clotting, and may also receive saline. Additional side effects may include a tingling sensation, chilling, low blood pressure, anxiety, fever, headache and allergic symptoms. On extremely rare occasions, equipment malfunction may result in blood loss, red blood cell damage, or a small amount of air in the blood circulation.

**Our staff members are specially trained to watch for and respond to donor reactions.** We will:

- Give your student reading material and instructions about how to have a safe, comfortable blood donation.
- Teach your student muscle tensing exercises to use during and after donation, which helps prevent fainting.
- Provide a beverage and salty snack before and after donation
- Request your student stay for a full 15 minutes in our refreshment area to allow their body to adjust to the donation.

**New Information about Iron:** There is no evidence that donating blood is harmful to young blood donors. Teenagers usually have lower iron levels than adults, and donating blood can make those levels even lower. In light of this information, you should consider iron supplements for your teenager. Please talk to your healthcare provider, and ask if your teen blood donor can take a multivitamin with iron or a low-dose iron supplement (18 mg of iron every day for 60 days after donation). For more information on iron and blood donation, please see <https://www.lifestreamcascade.org/donate/who-can-donate/>

**Other Information:** To protect patients, blood donations are tested for several types of hepatitis, HIV, syphilis, and other infections as required by law. If your child tests positive or false positive (positive test when the donor really doesn't have the infection) he/she will be notified and results will be disclosed as required by law. In some cases, blood center staff may need to discuss test results with your child/donor.

Please be sure that you and your child have read the information provided. **Your child must bring this signed Young Donor Consent Form to their donation site in order to donate. Permission will remain in effect until your child/donor is 18 years of age unless, revoked in writing by the parent or legal guardian.**

**Donor Consent: Please read carefully:** I am voluntarily donating my blood and understand that I may withdraw my consent to do so at any time. I have read the educational materials completely today, including the risk and hazard information. I have answered all questions truthfully, and agree not to donate if I believe my blood could be a risk to those who receive it. I consent to blood collection and all related laboratory testing, including tests for possible transfusion-transmitted infections and I authorize LifeStream to contact me in connection with this donation or future donations by any method of communication, including but not limited to mail, telephonic, electronic mail, and automated messages. I understand that if LifeStream's evaluation of my information and/or blood testing indicates a risk for transfusion-transmitted infection, I will be listed in LifeStream records as ineligible to donate, and I will be notified. I understand and agree that my blood and stored blood samples may be used for transfusion, further manufacturing, testing, research, and other uses, in LifeStream's sole discretion. I understand that my health information will remain confidential, except for disclosures required by law, or for other lawful purposes, including research and operations. I have had the opportunity to ask questions, and those questions have been answered to my satisfaction.

**If your student qualifies and opts for donating by automated collection (apheresis), they will also be asked to read and sign the following informed consent the day of donation:** I have read, or had read to me, the above description of the automated collection procedure. The possible side effects have been explained to me and all questions have been answered to my satisfaction. I am voluntarily consenting to this procedure. I understand the risks of the procedure and agree to any treatment deemed necessary by the LifeStream staff for any complications that may arise. I also consent to quality control and/or research tests to be performed on my blood beyond that required by law. I hereby permit LifeStream to use my blood components in any way medically appropriate.

**Parent/Guardian: Please complete all of the following** By signing this form, I acknowledge I have read and understand the information presented to me and consent for my student to donate blood and for that donation to be tested as explained in this document. I expressly consent to allow contact of my student by LifeStream or its representatives concerning future blood donations, follow-up questions or any other legitimate purpose, including communications via email, autodialer, pre-recorded messages and/or auto-text messaging. I understand that this permission will continue until the minor reaches 18 years of age, unless it is revoked in writing by the parent or legal guardian.

Student's Legal Name: **(Print)** \_\_\_\_\_

Parent/Guardian Name: **(Print)** \_\_\_\_\_

Parent/Guardian Name: **(Signature)** \_\_\_\_\_

Date of Approval: **(Month/Day/Year)** \_\_\_\_\_

Phone Number where Parent/Guardian can be reached: \_\_\_\_\_

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