THE BLOOD® CONNECTION
Your Community Blood Center
1099 Bracken Road • Piedmont, SC 29673

North Carolina 16 & 17-Year-Old Blood Donor Parental/Legal Guardian Permission and Consent: FPD.DS.01887

I certify that I am the parent or legal guardian of {first & last name} _____, a minor child under the age of eighteen [hereinafter "my child"] who is required to have my written consent to donate blood. I have read and understand the "Important Donor Information" pamphlet found on The Blood Connection web site. I have read and understand the requirements to be a blood donor. I understand that my child will be donating voluntarily and transferring possession of a portion of his or her blood to The Blood Connection. I understand that my child may withdraw from the donation process at any time. I understand that in order to donate the first time he or she will be expected to present an ID or document with birth date. A document with my child's photograph is preferred. A driver's permit/license, photocopy of birth certificate, passport, school ID (listing birth date) are examples of such documents. At high school blood drives, printouts of student rosters provided by the school are also acceptable sources of age verification.

I agree to inform The Blood Connection if my child does not meet any of the requirements to be a blood donor or if I believe he or she has been infected at any time prior to donation with HIV (AIDS) or any other disease capable of being spread to another person by blood or plasma. I understand that a person's medical history and past lifestyle behaviors determine suitability to be a blood donor, and that if my child is determined to be ineligible to donate, then his or her blood donation record will include this information.

Blood Testing: My child and I have been informed and understand that the donated blood will be tested for laboratory evidence of infectious agents capable of being spread through blood transfusion, including but not limited to: Syphilis, HIV (AIDS), HIV-2, Hepatitis B & C, West Nile Virus, HTLV (a retrovirus), and T. cruzi (a parasitic infection). I understand that if an insufficient amount of blood is drawn, it cannot be used for transfusion, and some, if not all the tests may not be performed. I understand that these are not diagnostic tests. I understand that my child's blood may be tested for other diseases by additional tests as they become available and are thought to improve the safety of the nation's blood supply. The tests are very sensitive and detect most infections, but it is possible that donors who are not infected will have falsely positive tests. For some tests, TBC is required to notify and defer donors even when subsequent test results indicate that the donor is not infected. I understand that my child's health information will remain confidential in accordance with State and Federal privacy and disclosure laws, and that The Blood Connection will not routinely report results of its testing unless the result makes my child ineligible for further donations or indicate a possible health problem. In order to interpret and better understand these tests The Blood Connection may contact me or my child to request a repeat blood sample. I also understand that if testing indicates my child is no longer eligible to donate, then his or her record will include this information. I understand that my child's blood donation may be discarded because of test results, and that certain test results must be reported to state and/or local health departments as required by applicable laws and regulations.

Risks of Blood Donation: Potential common side effects of both whole blood and automated blood collection include fainting or loss of consciousness and injury from related falls, dizziness, nausea, vomiting, bruising or redness in the area of the venipuncture and iron deficiency. Less common, but more serious reactions may include seizures, and rarely, nerve or blood vessel injury in the area of the venipuncture. Rare serious complications include shock; blood clotting; severe allergic reactions in people sensitive to latex or rubber, hemolysis (red cell destruction), compartment syndrome (compression of the nerves, blood vessels and muscle inside a closed space), and symptoms of severe low blood calcium. Blood donation removes iron and may cause or aggravate iron-deficiency anemia.

I have been provided literature that explains the blood donation process, and that information is also available on the Blood Connection's website at www.thebloodconnection.org. The donation process has been explained to me and all my questions answered to my satisfaction.

I have read and understand the above, and hereby permit The Blood Connection to draw blood, plasma, and/or platelets from my child to be tested as required, stored, and used as deemed advisable including providing blood locally, regionally, or nationally to meet patient and biologics manufacturing needs.

I understand that this consent will remain on file and active for all consecutive donations until my child is age eighteen. I understand that I may withdraw this consent at any time by contacting The Blood Connection's Donor Advocacy Department at 864-751-1153 between 8am and 5pm Monday-Friday.

Parent / Legal Guardian (print name) _____

Parent / Legal Guardian (signature) _____ Date: _____

Address: _____

City: _____ State _____ Zip _____

Preferred Phone #: _____

I certify that the above person is my parent or legal guardian and acknowledge and agree that The Blood Connection may report positive test results to both my consenting parent / legal guardian and to me. I further certify that I have read and understand (i) this consent form in its entirety, (ii) the "Important Donor Information" pamphlet, and (iii) the requirements to be a blood donor.

Sixteen/Seventeen-Year-old Donor (print name) _____ Date of Birth: _____

Sixteen/Seventeen-Year-old Donor (signature) _____ Date: _____

For more information concerning 16 & 17-year-old blood donors, please visit the "Donor" section on our web site at ***www.thebloodconnection.org.***

To be completed by TBC staff only

Consent Review/Age Verification by: _____/_____
Tech Code Date

Group Code: _____

DS Staff:
If DIN assigned, affix DIN label here.

DID: _____
(Recorded by QS if no DIN number)