**Information**

This form must be completed by a parent or legal guardian for blood donation by

(check all that apply):

any person who has not yet reached the age of 17.

any student who has not yet reached the age of legal majority as defined by the rules of Anne Arundel County Public Schools.

any student as defined by the rules of Queen Anne’s County Public Schools.

any student.

**Parental consent**

I have received and read a copy of the “Blood Donor Education Materials” and the informational letter describing the overall blood donation process.

I understand that in the event it becomes necessary to notify my son, daughter, or ward of test results, Luminis Health Anne Arundel Medical Center Blood Donor Center will send those results directly to my son, daughter, or ward.

I understand the information provided to me and have had an opportunity to ask questions about the information it contains.

A signed consent from the Parent/Guardian will be required for each donation until the donor reaches the age of 17 or legal majority.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my consent to donate one unit of blood to

Name of Donor

the Luminis Health Anne Arundel Medical Center Blood Donor Center to be used as the Blood Center deems appropriate.

Must be signed prior to, and close to, the day of the donation.

Parent/Guardian Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## READ THIS BEFORE YOU DONATE!

## We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question completely and accurately. If you don’t understand a question, ask the blood center staff. All information you provide is confidential.

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

# Ask about your health and travel

# Ask about medicines you are taking or have taken

# Ask about your risk for infections that can be transmitted by blood – especially AIDS and viral hepatitis

# Take your blood pressure, temperature and pulse

# Take a blood sample to be sure your blood count is acceptable

# **If you are eligible to donate we will:**

# Clean your arm with an antiseptic. Tell us if you have any skin allergies

# Use a new, sterile, disposable needle to collect your blood

# **DONOR ELIGIBILITY – SPECIFIC INFORMATION**

# Certain diseases such as AIDS and hepatitis, can be spread through sexual contact and enter your bloodstream. We will ask specific questions about sexual contact.

# **What do we mean by “sexual contact?”**

# The words “have sexual contact with” and “sex” are used in some of the questions we will ask you, and apply to any of the activities below, whether or not a condom or other protection was used:

# Vaginal sex (contact between penis and vagina)

# Oral sex (mouth or tongue on someone’s vagina, penis, or anus)

# Anal sex (contact between penis and anus)

# **HIV/AIDS risk behaviors**

# HIV is the virus that causes AIDS. It is spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person for injecting drugs.

# **Do not donate if you:**

# Have AIDS or have ever had a positive HIV test

# Had used needles to take any drugs not prescribed by your doctor IN THE PAST 3 MONTHS

* Are a male who has had sexual contact with another male, IN THE PAST 3 MONTHS
* Had take money, drugs or other payment for sex IN THE PAST 3 MONTHS
* Have had sexual contact in IN THE PAST 3 MONTHS with anyone described above
* Have had syphilis or gonorrhea IN THE PAST 3 MONTHS
* Have been in juvenile detention, lockup, jail or prison for 72 or more consecutive hours IN THE PAST 12 MONTHS
* Have a history of Ebola virus infection or disease

Your blood can transmit infections, including HIV/AIDS, even if you feel well and all your tests are normal. This is because even the best tests cannot detect the virus for a period of time after you are infected.

**DO NOT** donate to get a test**!** If you think you may be at risk for HIV/AIDS or any other infection, do not donate simply to get a test. Ask us where you can be tested outside the blood center.

# The following symptoms can be present before an HIV test turns positive:

# Fever

# Enlarged lymph glands

# Sore throat

# Rash

# **DO NOT** donate if you have these symptoms!

# **Travel to or birth in other countries**

# Blood donor tests may not be available for some infections that are found only in certain countries. If you were born in, have lived in, or visited certain countries, you may not be eligible to donate.

# **WHAT HAPPENS AFTER YOUR DONATION**

# To protect patients, your blood is tested for several types of hepatitis, HIV, syphilis, and other infections. If your blood tests positive, it will not be given to a patient. There are times when your blood is not tested. If this occurs, you may not receive any notification. You will be notified about any positive test result, which may disqualify you from donating in the future. The blood center will not release your test results without your written permission unless required by law (e.g. to the Health Department).

**THANK YOU FOR DONATING BLOOD!**

Dear Parent,

On October 1, 2002, a law went into effect in the State of Maryland that allows 16-year-old donors to donate blood with parental or legal guardian consent. This change was initiated by a 16- year-old who wanted to help strengthen our community blood supply.

Your son/daughter has expressed an interest in donating blood at an Luminis Health AAMC blood drive. Please read all the information below in order to follow the procedures required by Luminis Health Anne Arundel Medical Center Blood Donor Center for the upcoming blood drive.

PARENT/GUARDIAN INFORMATION:

* Read and review with your son/daughter the Blood Donor Education Materials.
* Most donors have uneventful donations and most reactions, when they occur, are minor.
* We take extra care to make sure your child has a pleasant donation experience by raising the weight limit for some donors based on their height, having them drink a bottle of water within 30 minutes of their donation, having them perform muscle tensing exercises during the donation, and by closely monitoring them in the refreshment area for ***at least*** 15 minutes post donation.
* Read, review and sign the Parental Consent form.

STUDENT INFORMATION:

* Prior to donating, get a good night’s **sleep**.
* **Eat** a full breakfast or lunch before donating. You can’t donate blood on an empty stomach.
* **Drink** plenty of fluids. Drink a bottle of water that we will provide you prior to your donation.
* You must have sufficient blood volume, based on height and weight to be able to donate.
* No body/ear piercing within the last 3 months unless piercing was performed with a sterile, single use, disposable needle and septic technique.
* You must be 3 days symptom free if you’ve had a cold or the flu.
* No tattoo(s) within the last 3 months.
* Return the signed Parental Consent form.

Thank you for your interest in making a blood donation to Luminis Health Anne Arundel Medical Center Blood Donor Center. For information or questions about donating blood, call 443-481-4215.