

**Information**

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

(check all that apply):

- Any person under the age of 18.
- Any student, regardless of age, donating on school property.

**Parental/Legal Guardian Consent**

I have received and read a copy of the “Blood Donor Education Materials” and the informational letter describing the 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/Legal Guardian will be required for each donation until the donor reaches the age of 18 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 Donor Center deems appropriate.

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

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

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

**YOU MUST READ THIS BEFORE YOU DONATE!**

- Your accurate and honest responses are critical to the safety of patients who receive blood transfusions.
- Each question is necessary to fully evaluate the safety of your donation.
- As required by regulations, we are instructing you not to donate blood if you have a risk factor.
- If you don't understand a question, ask the blood center staff for assistance.
- YOUR RESPONSES ARE CONFIDENTIAL.

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

- Ask about your health and medications you are taking or have taken.
- Ask if you have traveled to or lived in other countries.
- Ask about your risk for infections that can be transmitted by blood – especially HIV (which is the virus that causes AIDS), and viral hepatitis.
- Take your blood pressure, temperature, and pulse.
- Take a blood sample to be sure your blood count is acceptable before you donate.

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

- Clean your arm with an antiseptic (Tell us if you have any skin allergies).
- Use a sterile needle and tubing set to collect your blood. We NEVER reuse a needle or tubing set.

**WHAT HAPPENS AFTER YOUR DONATION**

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

**DONOR ELIGIBILITY – SPECIFIC INFORMATION**

Certain infectious diseases, such as HIV and hepatitis, can be spread through:

- Sexual contact
- Other activities that increase risk
- Blood transfusion

We will ask specific questions about sexual contact and other activities that may increase risk for these infections.

**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. These questions apply to all of the activities below, whether or not medications, condoms, or other protection were used to prevent infection or pregnancy:

- 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)

**A “new sexual partner” includes the following examples:**

- Having sex with someone for the first time
- OR
- Having had sex with someone in a relationship that ended in the past, then having sex again with that person in the last 3 months.

**HIV/Hepatitis risk factors**

HIV and hepatitis are spread mainly by sexual contact with an infected person OR by sharing needles or syringes used by an infected person to inject drugs.

**DO NOT DONATE if you:**

- **Have EVER taken any medication to treat HIV infection.**
- **Are taking any medication to prevent HIV infection. These medications may be called: PrEP, PEP, TRUVADA, DESCOVY, APRETUDE, or many other names.**

FDA-approved antiretroviral drugs are safe and effective in preventing sexual transmission of HIV. However, these antiretroviral drugs do not fully eliminate the virus from the body, and donated blood can potentially still transmit HIV infection to a transfusion recipient.

**DO NOT STOP TAKING ANY PRESCRIBED MEDICATIONS IN ORDER TO DONATE BLOOD, INCLUDING PrEP and PEP MEDICATIONS.**

**DO NOT DONATE if you:**

- Have **EVER** had a positive test for HIV infection.
- **In the past 3 months:**
  - Have had sexual contact with a new partner **and** have had anal sex.
  - Have had sexual contact with more than one partner **and** have had anal sex.
  - Have had sexual contact with anyone who has ever had a positive test for HIV infection.
  - Have received money, drugs, or other payment for sex.
  - Have used needles to inject drugs, steroids, or anything not prescribed by your doctor.
  - Have had sexual contact with anyone who has received money, drugs, or other payment for sex, **or** used needles to inject drugs, steroids, or anything not prescribed by their doctor.
  - Have had syphilis or gonorrhea or been treated for syphilis or gonorrhea.
- **In the past 12 months:**
  - a) Have been in juvenile detention, lockup, jail or prison for 72 hours or more consecutively.
- Have **EVER** had Ebola virus infection or disease.

**DO NOT DONATE if you** have these symptoms which can be present before you test positive for HIV:

- Fever
- Enlarged lymph glands
- Sore throat
- Rash

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

**DO NOT DONATE:**

- If you think you may be at risk for HIV or other infections.
- If your purpose for donating is to obtain test results for HIV or other infections, ask us where you can be tested for HIV and other infections.
- If your donation might harm the patient who receives your blood.

**THANK YOU FOR DONATING BLOOD TODAY!**

Luminis Health Anne Arundel Medical Center  
443-481-4215

Dear Parent/Guardian,

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/LEGAL 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/Legal Guardian 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 aseptic technique.
- You must be 3 days sign and symptom free if you've had a cold or the flu.
- No tattoo(s) within the last 3 months.
- Return the signed Parental/Legal Guardian 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.