



<i>For IBC use only</i>	<i>For IBC use only</i>	UNIT NUMBER <i>For IBC Use Only</i>
Type of ID presented (per IBC0100) ___ Driver's license or state ID ___ Yearbook photo/school ID with DOB list provided by school ___ Other (list) _____	Donor date of birth ____/____/____ Month / Day / Year	

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 appropriate, including transfusion, research, or commercial purposes. A sterile needle will be placed in the donor's arm and approximately 500 milliliters of blood will be collected. Side effects seldom occur, but the donor may experience discomfort, bruising and/or bleeding at the needle site, nerve damage, dizziness, nausea, vomiting, fainting, involuntary muscle contractions, arterial puncture, infection, seizure, temporary loss of bladder control, blood clot formation, and/or vein inflammation.

NOTICES

1. IBC performs a screening test for the human immunodeficiency virus (HIV), hepatitis, syphilis, and other infectious diseases on every donor's blood.
2. IBC reports to the state department of health the names and addresses of blood donors whose blood tests are confirmed positive for HIV, syphilis, hepatitis and other tests as required by state and federal laws.
3. A person who recklessly, knowingly, or intentionally donates, sells, or transfers blood that contains antibodies for HIV commits transferring contaminated blood, a Level 5 felony. The offense is a Level 4 felony if the offense results in the transmission of the virus to another person.

If any of the donor's test results or donor information indicates that their blood should not be used, the donor's name will be placed on a confidential donor deferral list. A sample of their plasma/serum may be utilized in clinical trials. There are circumstances in which infectious disease tests cannot be performed. The donor and/or parent/legal guardian will be informed and counseling will be available if the results of any of these tests are cause for deferral. The donor understands that they may call IBC within 24 hours of donation to request that their donation of blood be discarded.

Educational materials regarding the risk of infectious diseases transmitted by blood, and the signs and symptoms of HIV/AIDS, will be given to the donor. The donor will read and understand the materials as well as the above information and agree not to donate if they are at risk for transmitting HIV/AIDS. The donor is free to ask questions and can withdraw from the procedure at any time. For the safety of transfusion recipients and donors, it is of the utmost importance to provide accurate information. The donor will sign the consent section of the Donor Registration Form indicating they have agreed to have provided accurate information to the best of their ability and are voluntarily consenting to a blood donation.

By providing any telephone number on the donor registration form, the donor is expressly authorizing and consenting to receive calls from the Indiana Blood Center. Calls may be made via live person or electronic/automated/robocall messages to any phone type (e.g.; wireless, cellular, fixed, land, VoIP, home, work, etc.). I understand the donor may be contacted in order to provide additional information related to blood donations and to inform them of further donation opportunities. The donor's contact information is for IBC use only and will not be distributed to other parties except as stated above.

Donor must be positively identified by photo ID. Students donating at high schools, vocational schools, etc., must also provide proof of age.

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, that my child is at least 16 years of age, and I 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: _____	
Student Signature: _____	Date: _____