Informed Parental Consent for Persons Not of a Legal Majority

Information

This form must be completed by a parent or legal guardian for blood donations by any person who has not yet reached the age of legal majority as defined by the laws of the state in which the donor makes the blood donation.

Parental consent

I have received and read a copy of the "Blood Donor Education Materials" 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, 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 legal majority.

_____has my consent to donate one unit of

Name of Donor

Whole Blood (approximately 500ml) to the Anne Arundel Medical Center Blood Donor Center to be used as the Blood Center deems appropriate. Must be signed prior to, and within two weeks of the donation.

Parent/Guardian Name (print)_____

Parent/Guardian Signature_____