

Affix Unit ID label  
here

## CONSENT TO BLOOD DONATION

*Complete the following information in ink*

Name of Minor/Ward: \_\_\_\_\_

Minor/Ward Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number  
Where Parent/Legal Guardian  
Can Be Reached During  
Donation: \_\_\_\_\_

- The minor listed above is at least 16 years old.
- I have read and understand the information provided to me about blood donation.
- I am voluntarily donating blood to BloodCenter of Wisconsin, and agree BloodCenter of Wisconsin may use or transfer my blood or blood components for any purpose it deems appropriate, including transfusion, research, or commercial purposes.
- I understand that all donated blood is tested for ABO blood typing, syphilis, HIV (the virus that causes AIDS), West Nile virus, hepatitis B and C, and other tests.
- I consent to blood donation by the minor listed above.

**X** \_\_\_\_\_  
Signature of Parent/Legal Guardian
Print Name
Date

Disclosure of Screening Test Results. By signing below, I (the minor listed above) authorize BloodCenter to inform me and my parent/legal guardian of any positive blood screening test results (including HIV test results). If I am considered an ineligible donor because of my testing results or other information, I will be deferred and my donor record will identify me as ineligible. BloodCenter will contact me to tell me the reason I am not eligible to donate, and the time period for which I am deferred and should not attempt to donate. State and federal laws may require BloodCenter to notify governmental agencies of certain testing results. BloodCenter complies with these laws and will communicate testing results as required. I understand that HIV test results may also be disclosed to other authorized persons as governed by Wisconsin law. A list of persons to be notified and reasons that may lead to disclosure of HIV test results is available upon request. I give permission to release HIV test results to BloodCenter doctors and their assistants. This consent to disclosure is effective upon signing. I understand that a new form is required each time I donate.

**X** \_\_\_\_\_  
Signature of Minor
Print Name
Date