

Pediatric Blood Transfusion Consent Form

This **pediatric blood transfusion consent form** sample provides a clear and concise template to obtain parental or guardian permission for blood transfusion procedures in children. It ensures that all necessary information regarding risks, benefits, and alternatives is communicated effectively. Using this form helps maintain legal and ethical standards in pediatric care.

Patient Information

Child's Full Name:

Date of Birth:

Medical Record Number:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Patient:

Contact Number:

Description of Procedure

A blood transfusion involves transferring blood or blood components into your child's bloodstream to treat medical conditions such as anemia, bleeding, or surgery. The procedure will be performed under the supervision of a qualified healthcare provider.

Risks and Benefits

Potential Benefits: Restore blood volume, improve oxygen delivery, treat anemia and bleeding disorders.

Potential Risks: Allergic reactions, fever, transmission of infections (very rare), transfusion reactions, iron overload.

Alternatives

Alternatives may include medications, intravenous fluids, or other treatments as determined by the physician. The physician has discussed these options with me.

Consent Statement

I have read and understand the information provided regarding the blood transfusion procedure, risks, benefits, and alternatives. All my questions have been answered to my satisfaction. I hereby give permission for my child to receive a blood transfusion as deemed necessary by the medical team.

Signature of Parent/Guardian:

Date:

Signature of Witness:

Date:

Physician Statement

I have explained the nature, purpose, benefits, risks, and alternatives of the blood transfusion to the parent/guardian.

Physician's Signature:**Date:**