

Blood Transfusion Consent Form for Minors

Patient Name:

Date of Birth:

Medical Record Number:

Purpose of Transfusion

Your child may require a blood transfusion as part of their treatment. Blood transfusions can be essential to treat blood loss, anemia, or certain medical conditions.

Risks and Benefits

- **Benefits:** Replaces lost components of the blood, improves oxygen delivery, supports recovery.
- **Risks:** Allergic reactions, fever, transfusion-transmitted infections, lung injury, or other rare complications.

Alternatives to Blood Transfusion

Alternatives may include medications, volume expanders, or other medical interventions. Your child's physician will discuss all available options with you.

Guardian Consent

I, the undersigned parent or legal guardian of the minor named above, have been informed about the reasons, risks, benefits, and alternatives related to the blood transfusion. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

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I give my consent for a blood transfusion to be administered to my child as medically indicated.

Parent/Legal Guardian Name:

Relationship to Patient:

Signature:

Date:

If you have any questions, please contact your healthcare provider before signing this consent form.