



Affix Patient Label	
Patient Name: _____	Date of Birth: _____

Informed Consent: Blood Conservation for Minor

The Hospital knows that you do not want blood transfusions or blood products to be given to your child. This form will be put into your child’s medical record for the doctors’ attention.

Before surgery, medicine to build up your child’s blood supply will be started.

During surgery, it may be possible to do things that will lessen blood loss.

Blood Clotting factors may be given to prevent or control blood loss.

Medications such as albumin may be given to replace blood loss.

Cell saver machine maybe used during surgery. Blood is collected during the surgery from the patient and given back.

Your doctor may cancel elective treatment if he thinks using blood will be needed. There may be risks in not having the elective treatment. Your doctor will explain these risks to you.

In a non-emergency situation, the doctor may decide a blood transfusion is necessary. This may be to prevent damage to your child’s tissues, organs, or body. We will explain this, and ask your consent. You may request a second medical/surgical opinion. We may ask the Court’s opinion. That process starts by calling Child Protective Services (CPS). The hospital will let you know right away if CPS is called.

A true emergency may come up suddenly. This would leave no time to call CPS or to ask the Court. The medical team will do its best to honor your blood refusal. The medical team will use all alternatives to blood products when possible. However, the medical team may believe that they have to use blood to save your child’s life. In that case, the Hospital will give your child blood or blood products without your consent. This complies with Michigan Law.

I/We have read what is written above. I/We have had a chance to ask questions. I/We understand these are hospital guidelines. **I/We understand this is NOT authorization for a blood transfusion.** My/our signing of this agreement only says that we know what the Hospital may do in an emergency.

Parent/Guardian Signature: _____ Date: _____ Time: _____

Relationship: Parent Guardian/POA Healthcare

Parent/Guardian Signature: _____ Date: _____ Time: _____

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Interpreter’s Statement: I have interpreted the doctor’s explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter’s Signature: _____ ID #: _____ Date: _____ Time: _____

I have discussed blood conservation and the above guidelines. All questions have been answered.

Provider Signature: _____ Date: _____ Time: _____