

Blood Transfusion Consent Form for Minors

Minor's Information

Name of Minor:

Date of Birth:

Parent/Guardian Name:

Relationship to Minor:

Consent Statement

I hereby authorize the attending medical staff to administer blood transfusion(s) as deemed necessary for the treatment of the above-named minor. I understand the procedure, including its benefits, risks, and alternatives.

Signature of Parent/Guardian:

Date:

Witness

Witness Name:

Witness Signature:

Date: