

## **Emergency Blood Transfusion Consent**

I, the undersigned, hereby consent to the administration of blood and/or blood products as deemed necessary for emergency medical treatment. I understand the risks, benefits, and alternatives have been explained to me to the best extent possible given the emergency situation.

Patient Name:

Date of Birth:

Signature of Patient or Legal Guardian:

Date:

Witness Name:

Witness Signature:

Witness Date: