

CONSENT: BLOOD AND / OR BLOOD PRODUCT TRANSFUSION(S)

1. _____ at Cohen Children's Medical Center of NY has:
(PRINT: NAME – LICENSED PRACTITIONER)
- A. Informed me that ☐ I / ☐ the patient: _____ needs
or may need a transfusion of blood and / or one of its products or derivatives in the interest of health and
proper medical care.
- B. Describe to me the risks and benefits of receiving transfusion(s). These risks exist despite the fact that the
blood has been carefully tested.
- C. Explain to me the alternatives to transfusion(s), including the risks and consequences of not receiving this therapy.
2. I have had all my questions answered to my satisfaction and I consent to the recommended transfusions of blood or
blood products. This consent will include future transfusion(s) during this hospital stay unless I choose to revoke it.

SIGNATURE: PARENT / LEGAL GUARDIAN / PATIENT* DATE TIME PRINT: NAME AND RELATIONSHIP

SIGNATURE: INTERPRETER (IF APPLICABLE) DATE TIME PRINT: INTERPRETER NAME

TELEPHONIC INTERPRETER ID NUMBER

SIGNATURE: WITNESS TO SIGNATURE TITLE DATE TIME PRINT NAME: WITNESS TO SIGNATURE

I hereby certify that I have explained the nature, purpose, benefits, risk of, and alternatives to, the transfusion of blood
and blood products, have offered to answer any questions and have fully answered all such questions. I believe that the
consenter fully understands what I have explained and answered. I remain responsible for having obtained the consent
from the Parent / Legal Guardian / Patient / Agent.

SIGNATURE: LICENSED PRACTITIONER TITLE DATE TIME PRINT: NAME – LICENSED PRACTITIONER

*The signature of the patient must be obtained if the patient is an emancipated minor **or** is 18 or older and otherwise capable of signing.

Telephone Permission for Blood and / or Blood Product Transfusion:

SIGNATURE: PHYSICIAN / NP / DENTIST TITLE DATE TIME PRINT NAME: PHYSICIAN / NP / DENTIST
MAKING CALL MAKING CALL

PHONE NUMBER CALLED PERSON CALLED RELATIONSHIP ADDRESS
TO PATIENT

Permission Granted: ☐ Yes ☐ No

Call Witnessed By:

(1) _____
Print Name Signature Title

(2) _____
Print Name Signature Title