

**BLOODLESS PROGRAM ENROLLMENT**  
Neonatal, Pediatric, and Dependent Adult Patients

1. I refuse to consent to blood transfusion for my minor child (child) or dependent under any circumstances, even if healthcare providers believe that only blood transfusions will preserve his or her life. This includes refusal to consent to transfusion of:

- **Whole Blood**
- **Red Cells**
- **White Cells**
- **Platelets**
- **Plasma**

2. My child/dependent \_\_\_\_\_  
(Full Legal Name) (Date of Birth)

has been enrolled in the Bloodless Program by completing this form. I understand that it is important for me to stay in close communication with healthcare providers during this hospitalization so that the best care can be given my child or dependent while honoring my refusal of blood transfusion. I have been given the information printed below about the hospital's policy regarding my refusal to consent to blood transfusion for my child or dependent, and understand the conditions in which my child or dependent may be transfused without my consent.

3. Additional statement of the parent or child/dependent (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
(Name and legal relationship)

Witness \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
(Witness to Signature Only)

**SWEDISH POLICY**

Every effort is made to respect parent(s)/guardian(s)' wishes, and use strategies and techniques to avoid a blood transfusion. However, **according to Washington State law, in an emergency the physician or other licensed independent practitioner (LIP) may transfuse blood products without the parent's/guardian's consent to save the child/dependent's life or to prevent serious harm to the child/dependent.** The physician or LIP will talk to the parent/guardian about this decision at the first opportunity available. See "Blood Transfusion: Refusal of Consent (Neonatal and Pediatric)" Clinical Policy.

**BLOODLESS PROGRAM CONTACT**

(206) 320-8094 OFFICE

(206) 998-3150 PAGER

<http://intranet.swedish.org/departments/bloodmanagement>

PATIENT LABEL



**SWEDISH**

SEATTLE, WASHINGTON

Form 62226 Nonstock Rev. 12/12/2016 CC