CONSENT FORM
ADOPT-A-HIGHWAY
KANSAS DEPARTMENT OF TRANSPORTATION

The Kansas Department of Transportation's Adopt-A-Highway Program is voluntary, designed for civic-minded groups or businesses with an interest in keeping our highways litter-free. It is open to families, youth organizations, civic groups, non-profit organizations, churches, schools, social organizations, neighborhood groups, service organizations, retiree organizations, and city, county or state agencies. Eligible groups must comply with state laws prohibiting discrimination based on race, religion, color, age, gender or national origin. Each volunteer (adopting) group assumes responsibility for an assigned section of highway and agrees to remove litter and trash a minimum of three times a year for a two year period.

PARENTAL ACKNOWLEDGEMENT OF WARNING AND RELEASE

I,_____, Parent / Guardian of _____, acknowledge that my child and I have read and understand the Adopt-A-Highway Safety Tips brochure and that we have attended an Adopt-a-Highway safety meeting. **I acknowledge that my child and I are aware of the many dangers associated with picking up litter on highway right-of-way and there are risks and hazards posed by traffic, nature, the condition of the right-of-way and hazardous materials which may be found on the right-of-way.**

I consent to my child's participation in Adopt-A-Highway activities.

I release and discharge the State of Kansas, the Secretary of Transportation, the Kansas Department of Transportation, and its officers, agents and employees from all claims, damages and causes of action of every kind whatsoever for any damages and, or injuries which may result from my participation, or my child's participation in the Adopt-A-Highway Program and other voluntary activities on or near the highway right-of-way.

I further agree to hold harmless the State of Kansas, the Secretary of Transportation, the Kansas Department of Transportation, and its officer, agents and employees, from liability for any damages or injuries resulting from any acts or failure to act on my part or my child's part, during our participation in said voluntary activities on or near the highway right-of-way. I acknowledge that this consent form is valid and effective for twenty-four (24) months.

_____ _____

PARENT / GUARDIAN'S SIGNATURE **DATE**

Michael D Doom

_____

GROUP REPRESENTATIVE AS WITNESS FOR PARENT SIGNATURE

CHILD'S ACKNOWLEDGEMENT OF WARNING AND RELEASE

I, _____, acknowledge that I have read and understand the Adopt-A-Highway Safety Tips brochure and that I have attended an Adopt-A-Highway safety meeting. **I acknowledge that I am aware of dangers associated with picking up litter in highway right-of-way and risks and hazards posed by traffic, nature, the condition of the right-of-way and hazardous materials which may be found on the right-of-way.**

I desire to and consent to my participation in the Adopt-A-Highway activities.

I release and discharge the State of Kansas, the Secretary of Transportation, the Kansas Department of Transportation , and its officers, agents and employees, from all claims, demands and causes of action of every kind whatsoever for any damages and, or, injuries which may result from my participation in the Adopt-A-Highway Program and other voluntary activities or near the highway right-of-way.

I further agree to hold harmless the State of Kansas, the Secretary of Transportation, the Kansas Department of Transportation, and its officers, agents and employees, from liability for any damages or injuries resulting from any acts or failure to act on my part during my participation in said voluntary activities on or near the highway right-of-way. I acknowledge that this consent form is valid and effective for twenty-four (24) months.

_____ _____

CHILD'S SIGNATURE **DATE**

Michael D Doom

_____

GROUP REPRESENTATIVE AS WITNESS FOR CHILD'S SIGNATURE

NOTE: This information is available in alternative accessible formats. To obtain an alternative format, contact KDOT Office of Public Affairs, Dwight D. Eisenhower State Office Building, 700 SW Harrison ST., TOPEKA, KS 66603-3754 or phone (785) 296-3585 (Voice)/(TTY).

Rev. 4-2014

DOT FORM NO. 1210D

American Red Cross Biomedical Services
Washington, DC 20006

Form: Parental Consent for Blood Donation

Information
This form must be completed by a parent or legal guardian. Parental permission is required for

- All donations by 16-year-olds
- All donations by **any age student** at high school blood drives in Utah
- Donations by 17-year-olds as required by state law or blood drive sponsor

Before giving consent, please read the information on the back of this form and "A Student's Guide to Blood Donation." You should also read "Possible Use of Donor Information and Blood Samples in Medical Research" and the research study sheets for your state, which can be found at https://www.redcrossblood.org/donate-blood/how-to-donate/info-for-student-donors.html. If you do not have internet access, please call the Donor and Client Support Center at 1-866-236-3276 for relevant information regarding research studies.

Before donating blood, your child will read "What You Must Know Before Giving Blood," which describes the blood donation process. It explains the importance of accurate and honest answers to health history questions, what happens when a person gives blood, and tips for having a positive donation experience. It also explains why the Red Cross asks questions about sexual contact and identifies profiles of persons who should not donate (because of physical conditions, travel to certain countries, or high-risk behavior). "What You Must Know Before Giving Blood" contains explicit language defining "sexual contact." A copy of this document is on file and available for viewing at your child's school.

Please call us at **1-800-RED-CROSS (1-800-733-2767) or visit www.redcrossblood.org** if you have questions or concerns about the blood donation process.

Parental Consent

I have read and understand

- The information on the back of this form
- "A Student's Guide to Blood Donation"
- "Possible Use of Donor Information and Blood Samples in Medical Research"
- State-specific research-related study sheets
- That red cell apheresis, also known as "Power Reds," is not recommended for 16- and 17-year-old females

By signing below, I authorize my child to donate blood to the American Red Cross. Further, unless indicated by checking the box below, I authorize my child to do so utilizing apheresis technology as described on the reverse of this sheet. (Please use medium-point black pen.)

☐ I **do not authorize** my child to donate blood utilizing apheresis technology as described on the reverse of this sheet.

Donor Name: (son, daughter, or ward): _____
Print Name

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature *Today's Date (mm/dd/yyyy)*

Optional Parent/Guardian Phone Number: _____
Where you can be reached on day of donation

For American Red Cross Use Only
WBN/DIN

Information for Parents
Thank you for allowing your son, daughter, or ward to donate the gift of life. Please read the information below in addition to "A Student's Guide to Blood Donation," "Possible Use of Donor Information and Blood Samples in Medical Research," and any specific research-related study sheets.

A Healthy Approach to Donation
Healthy habits can improve the donation experience. Blood donors should eat a nutritious, well-balanced diet containing foods rich in iron and high in vitamin C. Before a blood donation, blood donors should get enough rest, eat a good meal, and drink plenty of fluids. After donating, we recommend that some donors, including donors 16 to 18 years old, take a multivitamin with iron to help replace the iron lost during their blood donation. We hope that a positive donation experience encourages your teen to become a lifelong donor!

Donor Screening
- We will conduct a confidential interview in which we will ask your son, daughter, or ward questions about his or her health and medication use, sexual behavior, travel, and other risk factors for infectious diseases.
- We will test every donation for HIV (the virus that causes AIDS), hepatitis B and hepatitis C viruses, and other infectious diseases.
- If any test result or response to a donor-screening question suggests that your son or daughter is disqualified from donating blood in the future or may have an infectious disease, we will mark his or her donor record accordingly. When required, we report donor information, including test results, to health departments and regulatory agencies.
- The tests are very sensitive and detect most infections, but it is also possible that donors who are not infected will have falsely positive results. We are required to notify and disqualify donors even if subsequent test results indicate the donor is not infected.
- Whole blood and red cell apheresis (Power Red) donors will also be tested for ferritin, a test for iron stores. Donors will be notified of ferritin test results that are outside our acceptable ranges.
- We will communicate test results that disqualify a donor from future donation directly with the donor. We maintain the confidentiality of information we obtain about a donor and we will release a donor's confidential information to his or her parents only with the donor's consent.

Whole Blood Donation
- Each donation uses a new, sterile needle to collect about a pint of blood from a vein in the donor's arm.
- Most donors feel fine before and after donating blood, but some donors may have a lightheaded or dizzy feeling; an upset stomach; a black and blue mark, redness, or pain where the needle was inserted; fainting or loss of consciousness and injury from related falls; or very rarely, nerve or artery damage. Young, first-time, and low-weight donors are more likely to experience reactions than other donors.
- Iron is lost through blood donations. Low iron, also known as iron deficiency, may lead to health problems, including anemia (not enough red blood cells or hemoglobin). Healthy iron levels are important for overall health, physical and mental development, and maintaining strength and energy. To help replace iron lost through blood donation, we recommend that some donors, including donors 16 to 18 years old, take a multivitamin with 18 mg of iron for 60 days after each whole blood donation or for 120 days after each Power Red donation.
- For more information about iron and a healthy blood donation, please visit our Web site at http://www.redcrossblood.org/iron. If a donor chooses to take iron, we recommend that the donor tell his or her health care provider.

Apheresis
- Apheresis is a type of automated blood donation procedure in which we collect specific components of the donor's blood. We place a new sterile needle in one or both of the donor's arms and use a machine to draw blood and separate it into different parts. The desired blood components are removed while the remainder and extra fluids are returned to the donor.
- Apheresis has the same risks as whole blood donation (see above). In addition, citrate, used during apheresis to prevent blood clotting, may cause chills, tingling sensations, feelings of anxiety, tremors, muscle cramping, numbness, nausea, vomiting, and/or convulsions. Donors may be given oral calcium supplements during the apheresis procedure to manage these symptoms. Very rarely, donors can experience allergic reactions (for example, skin rashes, hives, localized swelling, and/or flushing), air in the bloodstream, infection, or other complications.
- Red cell apheresis, also known as "Power Reds," is used to collect red blood cells. Red cell apheresis is not recommended for 16- and 17-year-old females. Red cell apheresis donations are limited to 16- and 17-year-old male donors. As with whole blood donation, iron is lost through apheresis donation. See "Whole Blood Donation" for information about iron and iron replacement.
- Apheresis can also be used to collect platelets or plasma. Repeated donation may result in iron depletion. The iron loss in five platelet or plasma apheresis donations is approximately equivalent to the iron loss in one whole blood donation. See "Whole Blood Donation" above for recommendations on iron replacement.

Research
- We may confidentially and anonymously use the information or leftover blood samples we collect from donors for medical research, such as research on ways to increase the safety of the blood supply.
- By giving your son, daughter, or ward permission to donate blood, you are also consenting to the use of the donation and donor information for this type of research.
- In order for you to provide informed consent, you must go to https://www.redcrossblood.org/donate-blood/how-to-donate/info-for-student-donors.html and read "Possible Use of Donor Information and Blood Samples in Medical Research" and the research study sheets for your state before signing this parental consent. If you do not have internet access, please call the Donor and Client Support Center at 1-866-236-3276 for information regarding research studies being performed in your state.