

UNDERSTANDING REGARDING REFUSAL OF BLOOD TRANSFUSION FOR MINORS

From: Georgetown University Hospital

To: (Parent or Guardian)

Of: (Minor Child)

1. The hospital acknowledges your directive that no blood transfusions be administered to your child under any circumstances. If you have not already done so, please inform the treating physician immediately. Your directive will be placed on your child's medical record for the medical team's attention.
2. In elective treatment where the physician deems blood transfusion is likely or necessary, your refusal to permit blood may result in the cancellation of treatment.
3. In urgent/emergency medical care when the treating physician deems blood transfusion necessary, physicians are required to conform with District of Columbia laws. The physician will make best effort to keep the parents/guardian informed of the need to consult with the legal department.
4. If during the course of treatment, a true emergency suddenly arises, the medical team will still do its best to honor your refusal and treat your child without blood. However, if in such a situation the treating physicians deem blood immediately necessary to save your child's life, the physician is required to conform with District of Columbia law which permits them to administer blood notwithstanding your refusal, and blood may be administered.

I/We have read and understand what is stated above. Regarding point 4, my/our signing of this statement should be construed **only** as an acknowledgment of my/our awareness of what the law may provide for in a true emergency. It should not be viewed in any way as authorization for a blood transfusion, nor as relinquishing any of my/our rights by law to decide and control what medical care should or should not be administered to my/our child.

Parent/Guardian _____ Relationship to Patient _____

Parent/Guardian _____ Relationship to Patient _____

Witness _____ Date _____