

Emergency Blood Release Form

1. Patient Information

- Full Name: _____
- Date of Birth: _____
- Blood Type (if known): _____
- Address: _____

2. Emergency Contact

- Contact Name: _____
- Relationship: _____
- Phone Number: _____

3. Authorization

- I consent to the release and transfusion of blood products during an emergency.
- I confirm that I understand the risks involved.

4. Medical History

- Known Conditions: _____
- Medications: _____

5. Declaration

I declare that the above information is accurate and authorize emergency action as needed.

- Patient/Guardian Signature: _____ Date: _____