

**Waiver of Parental Notification
(to be completed by parent or legal guardian)**

I, _____, hereby certify that I am the
parent or legal

guardian of _____, who is less than 18 years of age
and not

legally emancipated. I state that I have been informed by my daughter/ward of her
intent

to obtain an abortion at this facility

_____.

I further state that I understand an abortion will terminate her pregnancy. I waive the
requirement of 48 hours actual notification or 72 hours constructive notification before
the procedure can be performed, understanding that my daughter's/ward's abortion
may proceed at any time.

I hereby state to the best of my knowledge, information or belief, that the above is
true.

Signature of Parent or
Guardian _____

Date _____

Attachment: Copy of Parent/Guardian's Photo ID