



Parental Waiver

(to be completed by minor's 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 of my daughter's/ward's decision to obtain an abortion at Planned Parenthood of Southwest and Central Florida, Inc.. I waive the requirement of 48 hours actual notice or 72 hours constructive notice before the procedure can be performed, understanding that my daughter's/ward's abortion may proceed at any time. This waiver is in effect not more than 30 days before the termination of pregnancy.

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____

State of Florida
County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2____.

Notary Public for Florida

My Commission Expires: _____

____ Personally Known or
____ Produced Identification
Type of Identification Produced _____

FOR STAFF USE ONLY

Verified and Copied Patient's Birth Certificate (or Proof of Guardianship)

Staff Name: _____