



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 Planned Parenthood of Southwest & Central Florida located at _____.

I further state that I understand that 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 that to the best of my knowledge, information or belief that the above is true, accurate and correct.

Signature of Parent/Guardian _____ Date: _____

Attachment: Copy of parent/guardian's photo ID