

Parental Consent Form for a Minor Seeking Abortion

Parental Statement:

I certify that I, _____, am the parent of _____
(name of parent) (minor daughter name)

and give consent for _____ to perform an abortion on my daughter. I understand
(physician name)

that any person who knowingly makes a fraudulent statement in this regard commits a felony.

Date: _____, 20_____.

Signature of Parent/Managing Conservator/Guardian

I certify I have witnessed the execution of this consent by the parent.

Subscribed and sworn to before me on this _____ day of _____, 20_____
(day) (month)



NOTARY PUBLIC in and for The State of OKLAHOMA

My commission expires: _____

Required attachments:

- Copy of government-issued proof of identification
- Written documentation that establishes that he or she is the lawful parent of the pregnant female

Physician Statement:

I, _____, certify that according to my best information and belief, a reasonable person under
(Physician name)

similar circumstances would rely on the information presented by both the minor and her parent as sufficient evidence of identity.

Date: _____, 20_____.

Signature of Physician

(Parent Initials)

Consent of a Minor & Parental Consent Statement

The law of the State of Oklahoma (**Title 63, Section 1-740.13**) requires physicians to obtain the consent of the minor and parent using this form prior to performing an abortion on a minor who is not emancipated.

Risks and hazards that may occur in connection with any surgical, medical, or diagnostic procedure include:

- infection
- blood clots in veins and lungs,
- hemorrhage,
- allergic reactions,
- death,

Minor's Initials _____

Risks and hazards that may occur with surgical abortion include:

- Hemorrhage
- uterine perforation
- sterility
- injuries to the bowel and bladder
- hysterectomy as a result of complication or injury during the procedure
- failure to remove all products of conception that may result in an additional procedure,

Minor's Initials _____

Risks and hazards that may occur with a medical or nonsurgical abortion, include the following:

- Incomplete abortion - very rarely - possibly requiring a surgical abortion procedure.
- Heavy bleeding - very rarely.
- Painful cramping.
- Allergic reaction to drugs - very rarely.
- Nausea and/or vomiting.
- Diarrhea.
- Fever.
- Infection - very rarely - an infection develops in the uterus. Medication might be needed to clear infection.
- Fertility can be diminished in very rare instances as a consequence of infection.
- Very rarely - emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or blood transfusion.
- Very rarely - death.
- Methotrexate and misoprostol can cause serious birth defects if your pregnancy does not end.

Some women should not be given the medicines used for a medical abortion, such as women who are too far along in their pregnancy, have an ectopic pregnancy (a pregnancy outside the uterus), or who are allergic to certain medications, or women with an IUD (intrauterine device) in place, women who have problems

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with their adrenal glands (chronic adrenal failure), or who take medicine to thin their blood or take certain steroid medicines should not have a non-surgical abortion. You should discuss with your physician whether you have any medical conditions that would make a medical abortion unsafe for you.

Minor's Initials _____

Please review the applicable description of the procedure and the associated risks and hazards planned for the minor (Minor should initial the applicable procedure):

Medical (Nonsurgical) Abortion

Medical abortion is a way to end a pregnancy by using an abortion inducing drug as an alternative to surgical procedures. The Food and Drug Administration allows this type of abortion up to 63 days (9 weeks) after the last menstrual period. The gestational age must be determined before a physician can administer these drugs to a pregnant woman.

The physician administering the medicines (such as Mifepristone RU 486) for medical termination of early pregnancy must be able to provide surgical intervention or have made plans for provision of such care through other qualified physicians, and be able to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.

Methods of Non-surgical Abortion

Oklahoma law (Title 63 O.S. §1-729a) states that the physician administering any abortion inducing drug must be able to determine the duration of the pregnancy accurately, be able to diagnose ectopic pregnancies, be able to provide surgical intervention or have made plans for provision of such care through other qualified physicians, and be able to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary. The physician administering Mifepristone (RU 486) is required to fully explain the procedure to the patient including whether the physician is using the drug in accordance with the U.S. Food and Drug Administration tested and authorized protocol. If the physician is using an evidence-based regimen, the physician must provide detailed information on the regimen being used. In addition, the physician who is prescribing, dispensing, or otherwise providing an abortion inducing drug must be physically present in the same room as the patient when the drug or chemical is first provided to the patient (Title 63 O.S. §1-729.1)

Mifepristone (RU 486), Misoprostol, and Methotrexate are drugs used in regimens for medical termination of early pregnancies. These drugs are given by mouth or placed in the woman's vagina. These drugs cause abortion by causing the uterus to contract and expel the fetus and placenta.

After receiving these drugs, you might experience cramping and bleeding, pass clots, tissue, and the unborn child within hours or days. Some amount of bleeding is common following a medical abortion.

Your doctor will tell you when you need to return to be checked. If you are still pregnant at that visit, you will be given a second drug either by mouth or vaginally. You will be instructed when to return for an important follow-up visit. Your doctor will determine whether your pregnancy has completely ended. If you are still pregnant, a surgical procedure could be necessary.

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Possible Complications of Non-surgical Abortion

- Incomplete abortion - very rarely - possibly requiring a surgical abortion procedure.
- Heavy bleeding - very rarely.
- Painful cramping.
- Allergic reaction to drugs - very rarely.
- Nausea and/or vomiting.
- Diarrhea.
- Fever.
- Infection - very rarely - an infection develops in the uterus. Medication might be needed to clear infection.
- Fertility can be diminished in very rare instances as a consequence of infection.
- Very rarely - emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or blood transfusion.
- Very rarely - death.
- Methotrexate and misoprostol can cause serious birth defects if your pregnancy does not end.

Minor's Initials _____

Manual Vacuum Aspiration (MVA)

Manual vacuum aspiration (MVA) is a surgical abortion procedure used within 1 to 3 weeks following a missed menstrual cycle.

To prepare for the procedure, the doctor first opens (dilates) the cervix by gradually stretching with a series of dilators. A cannula (small tube) and attached syringe is inserted into the uterus. A vacuum is created in the syringe causing the uterus to be emptied and the tissue of the unborn child to be collected in the syringe.

The termination of the pregnancy is to be confirmed by the examination of the contents of the syringe and a sonogram, using a vaginal probe, to make certain that all pregnancy related tissue has been completely evacuated. In addition, for very early stages of pregnancy, the bloodstream is tested to verify the levels of pregnancy-related hormones to try to better verify the termination of the pregnancy.

Possible Complications of Manual Vacuum Aspiration (MVA):

- Cramping of the uterus or pelvic pain.
- Perforated uterus (a hole in the uterus) - very rarely.
- A cut or torn cervix (cervical laceration) - very rarely.
- Anesthesia-related complication - very rarely.
- Incomplete abortion - very rarely - pregnancy tissue left inside the uterus, repeated vacuum aspiration may be necessary.
- Infection - very rarely - medication for the infection, or in rare cases, repeated vacuum aspiration might be needed.
- Fertility can be diminished in very rare instances as a consequence of infection.
- Heavy bleeding - very rarely - a hemorrhage develops; medication, repeated vacuum aspiration, surgery or blood transfusion might be needed.
- Vary rarely - emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or blood transfusion.
- Very rarely - death.

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Minor's Initials _____

Dilatation and Curettage (D&C) with Vacuum Aspiration

This is a surgical procedure used in the first 12 weeks (LMP) of pregnancy. The doctor first opens (dilates) the cervix by gradually stretching with a series of dilators. Then the doctor empties the uterus with suction. After suctioning, the doctor may scrape the walls of the uterus to make sure the unborn child, placenta, and contents of the uterus have been completely removed.

Possible Complications of Dilatation and Curettage (D&C)

- Cramping of the uterus or pelvic pain.
- Perforated uterus (a hole in the uterus) - very rarely.
- Injury to the bowel or the bladder - very rarely.
- A cut or torn cervix (cervical laceration) - very rarely.
- Incomplete abortion - very rarely - pregnancy tissue left inside the uterus, repeated vacuum aspiration may be necessary.
- Infection - very rarely - medication for the infection, or in rare cases, repeated vacuum aspiration might be needed.
- Fertility can be diminished in very rare instances as a consequence of infection.
- Heavy bleeding - very rarely - a hemorrhage develops; medication, repeated vacuum aspiration, surgery or blood transfusion might be needed.
- Very rarely - emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or a blood transfusion.
- Very rarely - death.

Minor's Initials _____

Dilatation and Evacuation (D&E)

Since this procedure is generally used after 12 weeks (LMP) of pregnancy, the doctor will often use ultrasound to determine how far along you are in your pregnancy.

To prepare for the procedure, the doctor will open (dilate) the cervix. Most women experience some pain, so the doctor may administer a painkiller: either locally by shots in the area of the cervix, or by a general anesthetic, or a sedative (which will leave you conscious). The uterus will be scraped and the unborn child and placenta are removed with medical instruments. After 16 weeks, the unborn child and placenta are removed piece-by-piece, using forceps or other instruments, followed by a vacuum curette used to remove the placenta and remaining tissue.

Possible Complications and Risks of Dilatation and Evacuation

- Perforated uterus (a hole in the uterus) - very rarely.
- Blood clots in the uterus - very rarely.
- Injury to the bowel or bladder - very rarely.
- A cut or torn cervix (cervical laceration) - very rarely.
- Infection - very rarely - medication for the infection, or in rare cases, repeated vacuum aspiration might be needed.
- Fertility can be diminished in very rare instances as a consequence of infection.

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- Incomplete abortion - very rarely - pregnancy tissue left inside the uterus, repeated vacuum aspiration may be necessary.
- Anesthesia-related complications - very rarely.
- Heavy bleeding - very rarely - a hemorrhage develops; medication, repeated vacuum aspiration, surgery or blood transfusion might be needed.
- Very rarely - emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or a blood transfusion.
- Very rarely - death.

Minor's Initials _____

Abortion by Labor Induction (Including Intra-Uterine Instillation)

This procedure is generally used after 16 weeks (LMP) of pregnancy and before the viability of the unborn child, unless such abortion is necessary to prevent the death of the pregnant woman or to prevent impairment to her health.

In a medically induced abortion, medicines will be used to start labor. Labor induction may require a hospital stay. These medicines can be put in the vagina, injected in the uterus (womb), or given into the vein (intravenously or by IV). The medicines used cause the uterus to contract and labor to begin. More than one drug might be used.

This procedure may take from several hours to several days.

Your doctor may find it necessary to use instruments to scrape the uterus and make sure that the unborn child, placenta, and other contents of the uterus have been completely removed.

Possible Complications of Abortion by Labor Induction

- Nausea.
- Vomiting.
- Diarrhea.
- Fever.
- Anesthesia - related complications - very rarely.
- A cut or torn cervix (cervical laceration) - very rarely.
- Blood clots in the uterus - very rarely.
- Adverse reactions to the medications - very rarely.
- Heavy bleeding - very rarely - a hemorrhage develops; medication, repeated vacuum aspiration, surgery or blood transfusion might be needed.
- Infection - very rarely - medication for the infection, or in rare cases, vacuum aspiration might be needed.
- Fertility can be diminished in very rare instances as a consequence of infection.
- Very rarely - emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or a blood transfusion.
- Very rarely - death.

Who should not have an abortion by medical induction?

Some women should not have a medical induction such as a woman who has had previous surgery to the uterus or a woman with placenta previa (misplaced placenta). You should discuss with your doctor if you are one of these women.

By initialing I, the Parent/Managing Conservator/Guardian, am indicating that I have read understand the information included on this page. Parent's Initials _____

Minor's Initials _____

Dilatation and Extraction (D&X)

Dilatation and Extraction (D&X), referred to in political terminology as partial birth abortion, is a procedure that has been used generally after 16 weeks (LMP) of pregnancy. When conditions occur that permit the use of this abortion method, the following procedure is used:

The doctor will dilate (open) the cervix by gradually stretching with a series of dilators. Once the cervix is sufficiently dilated, the body is extracted through the dilated cervix (intact) to minimize uterine or cervical injury to the woman from instruments or fetal bones, after which the doctor will suction the intracranial contents, collapsing the skull.

This surgical method is similar to the D&E procedure except that suction evacuation of the intracranial contents occurs after the extraction of the intact body of the unborn child through the dilated cervix.

Possible Complications of Dilatation and Extraction

- A cut or torn cervix (cervical laceration) - very rarely.
- Anesthesia - related complications - very rarely.
- Blood clots in the uterus - very rarely.
- Heavy bleeding - very rarely - a hemorrhage develops; medication, or blood transfusion might be needed.
- Incomplete removal of the placenta, or contents of the uterus - very rarely- vacuum aspiration may be necessary.
- Infection - very rarely - medication for the infection, or in rare cases, repeated vacuum aspiration might be needed.
- Fertility can be diminished in very rare instances as a consequence of infection.
- Very rarely - emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or a blood transfusion.
- Very rarely - death.

Minor's Initials _____

By initialing I, the Parent/Managing Conservator/Guardian, am indicating that I have read understand the information included on this page. Parent's Initials _____

Minor's consent

By signing below I am indicating that I understand and/or agree to the following:

The doctor is going to perform an abortion on me which will end my pregnancy and result in the death of the unborn child. **Minor's Initials** _____

I am not being forced to have an abortion and I understand that I have the choice not to have the abortion and may withdraw consent prior to the abortion. **Minor's Initials** _____

I give permission for the procedure (initialed above). **Minor's Initials** _____
I understand that there are risks and hazards that could affect me if I have the surgical or medical procedures planned for me. **Minor's Initials** _____

I have been given the opportunity to ask questions about my condition, alternative forms of treatment, risks of not receiving treatment, the procedures to be used, and the risks and hazards involved. **Minor's Initials** _____

I have been given information required by Section 1-730 et seq. of this title. **Minor's Initials** _____

I have sufficient information to give informed consent. **Minor's Initials** _____

Date: _____, 20____.

Signature of Minor

By initialing I, the Parent/Managing Conservator/Guardian, am indicating that I have read understand the information included on this page. **Parent's Initials** _____

This section to be completed by the Parent/Guardian/ Legal Conservator in the presence of a NOTARY PUBLIC in and for The State of OKLAHOMA.

By signing below I am indicating that I:

- a. understand that the doctor signing the physician declaration is going to perform an abortion on the minor which will end her pregnancy and result in the death of her unborn child,
- b. that I, the parent or legal guardian, had the opportunity to read this form or have it read to me and I have initialed each page,
- c. that the parent or legal guardian had the opportunity to ask questions to the physician or the physician's assistant about the information in this form and the surgical and medical procedures to be performed on the minor,
- d. that the parent or legal guardian believes he or she has sufficient information to give informed consent, and
- e. that by the parent or legal guardian's signature, the parent or legal guardian affirms that he or she is the minor's parent or legal guardian;

Date: _____, 20_____.

Signature of Parent/Managing Conservator/Guardian

I certify I have witnessed the execution of this consent by the parent.



Subscribed and sworn to before me on this ____ day of _____ 20____
(day) (month)

NOTARY PUBLIC in and for The State of OKLAHOMA

My commission expires: _____

By initialing I, the Parent/Managing Conservator/Guardian, am indicating that I have read understand the information included on this page. Parent's Initials _____

Physician declaration

I, the physician, have explained (or my assistant on my behalf) the procedure and the contents of this form to the minor and her parent or legal guardian, as required, and have answered all questions. Further, to the best of the my knowledge, the patient and her parent or legal guardian have been adequately informed and have consented to the procedure.

Signature of Physician performing the procedure

Date: _____, 20_____.

By initialing I, the Parent/Managing Conservator/Guardian, am indicating that I have read understand the information included on this page. Parent's Initials _____

THIS FORM APPLIES ONLY TO MINORS WHO ARE MISSOURI RESIDENTS

Notarized Attestation of Second Parent Notice

As required by Section 188.028, RSMo., a parent or guardian providing consent for a minor 17 years of age or younger to obtain an abortion must, in certain circumstances, notify any other custodial parent prior to the minor obtaining an abortion. **You must choose one of the following three options:**

Option 1: I hereby attest that the minor patient _____ has no other custodial parent who has been awarded joint legal custody or joint physical custody *by a court*.

[Notarized Signature of Parent or Legal Guardian]

[Date]

State of _____ (County) of _____

Signed and affirmed before me on this _____ day of _____, 20__

by _____

[Printed Name of Parent or Legal Guardian]

[Signature of Notary Public]

My appointment expires: _____

Option 2: I hereby attest that the minor patient _____ has another custodial parent who has been awarded joint legal custody or joint physical custody by a court. Notification is not required, however, because the other parent falls into one of the categories below (**check category that applies—more than one may apply**):

- _____ The other custodial parent has been found guilty of one of the following crimes in Missouri: an offense against a person (chapter 565); a sexual offense (chapter 566); an offense relating to prostitution (chapter 567); an offense against the family (chapter 568); an offense related to pornography and related offenses, if a child was the victim (chapter 573).
- _____ The other custodial parent has been found guilty of one of the following crimes in another state or country AND the victim was a child: an offense against a person (chapter 565); a sexual offense (chapter 566); an offense relating to prostitution (chapter 567); an offense against the family (chapter 568); an offense related to pornography and related offenses (chapter 573).
- _____ The other custodial parent is listed on the sexual offender registry under sections 589.400 to 589.425
- _____ An order of protection has been issued against the other custodial parent including in another state or country that would be honored in Missouri under section 455.067.
- _____ The other custodial parent has had his/her custodial, parental or guardianship rights terminated by a court.
- _____ The other custodial parent's whereabouts are unknown after reasonable inquiry.
- _____ The other custodial parent is a fugitive from justice (wanted by law enforcement officials), is in a habitually intoxicated or drugged condition, or has been declared mentally incompetent or incapacitated by a court.

[Notarized Signature of Parent or Legal Guardian]

[Date]

State of _____ (County) of _____

Signed and affirmed before me on this _____ day of _____, 20__

by _____
[Printed Name of Parent or Legal Guardian]

[Signature of Notary Public]

My appointment expires: _____

Option 3: I hereby attest that the minor patient _____ has another custodial parent who has been awarded joint legal custody or joint physical custody *by a court* and notification is required.

I hereby further attest that I, _____, the minor patient's parent or legal guardian who is providing consent for the abortion procedure, provided notice to the other custodial parent (check option that applies):

_____ By email on _____
[Date]

_____ I do not have the other custodial parent's email, so I provided notice by sending a letter by U.S. mail on _____.
[Date]

[Notarized Signature of Parent or Legal Guardian]

[Date]

State of _____ (County) of _____

Signed and affirmed before me on this _____ day of _____, 20__

by _____
[Printed Name of Parent or Legal Guardian]

[Signature of Notary Public]

My appointment expires: _____