

A WOMAN'S WORLD MEDICAL CENTER
503 S. 12TH STREET, FT. PIERCE, FL 34950
772-460-1506

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 A Woman's World Medical Center located at 503 S. 12th Street, Ft. Pierce, FL 34950.

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

State of Florida

County of _____

Under the penalty of perjury, I declare that the person appearing before, _____, Notary Public, is the person named in Signature of Parent/Guardian whose signature is to be notarized. Sworn to and subscribed before me this _____, day of _____, 20_____.

Notary Signature

Notary Print

Personally Known _____ OR Produced
Identification _____
Type of Identification Produced _____

