

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 \_\_\_\_\_