

Physician Instructions for Parental Consent for a Minor Seeking Abortion

As a physician intending to perform an abortion on a minor you are required to document in the medical record that you have secured the informed written consent of the minor and one parent or legal guardian. Consent shall be obtained at least forty-eight (48) hours before the procedure. The parent or legal guardian shall have the physical custody of the minor child and shall make reasonable attempts to notify the other parent or parents at least forty-eight (48) hours before the procedure.

The required consent shall include a copy of the minor child's government issued identification card and a copy of the parent or legal guardian giving consent government issued identification card. The parent or legal guardian giving consent shall provide a copy of the birth certificate, court-ordered custodial paperwork, a tax return, or other paperwork, that establishes him or her as the lawful parent or legal guardian of the minor child. The required consent shall be notarized, and you shall retain a copy of the informed written consent in the medical record for the minor for five (5) years after the minor reaches the age of eighteen (18), or for seven (7) years, whichever is longer.

You shall verify if the minor is emancipated by the court if the minor presents without the parent or legal guardian.

If a medical emergency exists, you shall attempt to obtain parent or legal guardian consent before the procedure but may proceed with the procedure if the delay would harm the minor. You shall notify the parent or legal guardian in person, or by phone, within twenty-four (24) hours of the procedure and include details regarding the medical emergency that necessitated the procedure. You shall also send written notification of the procedure and the medical emergency that necessitated the procedure to the parent or legal guardian at the last known address.

You shall complete the required report of abortion and submit this to the Cabinet for Health and Family Services within three (3) days after the end of the month in which the abortion procedure was performed.

Parental Consent Form for a Minor Seeking Abortion

Parental Statement:

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

and give consent for _____ to perform an abortion on her.
(physician name)

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Signature of Parent/Legal Guardian

Date: _____, 20____

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 Commonwealth of Kentucky

My commission expires: _____

Required attachments:

- Copy of government-issued proof of identification of the minor and parent
- 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 or legal guardian as sufficient evidence of identity.

Signature of Physician

Date: _____, 20____ .

(Parent Initials)

Physician Use Only

Disposition of fetal remains (check only one):

- Retained by facility for cremation
- Retained by patient for cremation
- Retained by patient for burial