



**PARENTAL CONSENT FORM FOR A PREGNANT (UNEMANCIPATED) MINOR**

PLEASE BE ADVISED THAT IN ACCORDANCE WITH ARIZONA REVISED STATUTES (A.R.S.) § 36-2152(M), THE PHYSICIAN MUST MAINTAIN THIS PARENTAL CONSENT FORM IN THE PREGNANT MINOR’S RECORDS FOR SEVEN YEARS AFTER THE DATE OF THE PROCEDURE OR FIVE YEARS AFTER THE DATE OF THE MINOR’S MATURITY, WHICHEVER IS LONGER.

The parent, legal guardian, or conservator of the pregnant minor and the pregnant minor are hereby informed as follows:

1. The possible medical risks that may occur with any surgical, medical, or diagnostic procedure include:

- Infection
- Blood clots
- Hemorrhage
- Allergic reactions
- Death

2. The possible medical risks that may occur with a surgical abortion include:

- Hemorrhage
- Uterine perforation
- Sterility
- Injury to the bowel or bladder
- Hysterectomy as a result of a complication or injury during the surgical abortion
- Additional procedure resulting from the failure to remove all products of conception

3. The possible medical risks that may occur with a medication abortion include:

- Hemorrhage
- Infection
- Additional procedure resulting from the failure to remove all products of conception
- Sterility
- Continuation of the pregnancy

\_\_\_\_\_ Initials – parent, legal guardian, or conservator of the pregnant minor

\_\_\_\_\_ Initials – pregnant minor

I, \_\_\_\_\_ (Printed name – parent, legal guardian, or conservator of the pregnant minor), attest that I am the parent, legal guardian, or conservator of \_\_\_\_\_ (Printed name – pregnant minor). I have been informed of the medical risks associated with any surgical, medical, or diagnostic procedure, a surgical abortion, and a medication abortion. I hereby give my consent for the pregnant minor named above to have an abortion performed or induced. I understand that this form is prescribed by the Arizona Department of Health Services in accordance with A.R.S. § 36-2152.

1. \_\_\_\_\_  
Signature – parent, legal guardian, or conservator of the pregnant minor      Date

I have been informed of the medical risks associated with any surgical, medical, or diagnostic procedure, a surgical abortion, and a medication abortion. I hereby give my consent to have an abortion performed or induced. I understand that this form is prescribed by the Arizona Department of Health Services in accordance with A.R.S. § 36-2152.

2. \_\_\_\_\_  
Signature – pregnant minor      Date

NOTARIZATION:  
(State of Arizona)

County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

Day Month Year

\_\_\_\_\_ and  
Printed name – signer #1

\_\_\_\_\_  
Printed name – signer #2

The identity of each person was proven to me on the basis of satisfactory evidence to be the person whom he or she claims to be, and each person acknowledged that he or she signed the above/attached document.

\_\_\_\_\_  
Notary Public

Seal: