Falls Church Healthcare Center 900 South Washington Street, Suite 300 Falls Church, Virginia 22046 703 532-2500

Signed Consent Acknowledging Notice By Unemancipated Minor For the Commonwealth of Virginia:

I,	(please print name), am the lawful
(circle one) parent, guardian, custodian, loco parentis of	(print name of minor),
and I have been notified of her intent to have a pregnancy terminated and I consent to her having that	
medical procedure.	
signature of parent, guardian, custodian, loco parent	tis date
Staff Witness:	
Notarial Statement: Certificate of Acknowledgement: City/county ofCommonwealt Or location: The foregoing instrument was acknowledged before	
By:Name of the parent, guardian, custodian or loco pare	entis.
Given under my hand thisday of	, 20
Notary Public	
My commission expires	
Notification Of Authorized Person By Falls Chur	ch Healthcare Center:
☐ Authorized person came with minor on	
☐ Authorized Person notified of intent by ☐ t ☐ registered mail date return	telephone attempts:;;