

**PARENTAL CONSENT**

Tennessee law requires that a parent or legal guardian consent to his/her minor daughter's abortion procedure.

The nature and purpose of an abortion procedure, the risks involved, the possibility of complications, and after-care instructions have all been explained to me through written literature provided by KCRH. I understand that with any medical or surgical procedure there is always some risk to the body and to life. I also understand that said risks or complications include, among others: infection, hemorrhage; uterine perforation, laceration of the cervix, incomplete or missed abortion, tubal pregnancy, anesthesia risks. I further understand that no guarantees can be made as to future ability to conceive or to carry a pregnancy to full term. I am aware that a KCRH staff member is available to answer any questions I might have.

I acknowledge that no guarantee or assurance has been made as to the results that may be obtained as a result of submitting to an abortion procedure. I understand the importance of post-operative care and in some cases the need for additional medical treatment, including hospitalization.

As the parent/legal guardian of \_\_\_\_\_,

I, \_\_\_\_\_ consent to my daughter's abortion procedure.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/legal guardian)

\*NOTE: Should your last name differ from that of the patient, please write a brief statement on the back of this page, explaining why.

\_\_\_\_\_ verified and copied identification  
(Staff signature)