MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Abortion Consent Form for Minors

FACILITY NAME

PATIENT NAME *(please print)*	PATIENT I.D. NUMBER *(for office use only)*

Massachusetts law requires you to sign this informed consent form prepared by the Massachusetts Department of Public Health (MDPH). Patients that complete this form must also complete the appropriate procedure-specific consent form.

For any patient under age 16 who has never been married and who requests an abortion, Massachusetts law (M.G.L. c.112 § 12R) requires **both** the consent of the patient, **and either** (1) the consent of **one** parent or legal guardian, **or** (2) authorization by a judge.

State law prohibits the parent/guardian from considering anything except the patient's best interest when deciding whether to give parental consent.

A patient who is married or has been married (and is now widowed, separated, or divorced) does not need to obtain parental consent or judicial authorization.

A. Consent of Parent/Guardian

I, THE PARENT/LEGAL GUARDIAN *(Parent/Guardian Name, print)*	OF *(Patient's Name, print)*

GIVE MY CONSENT FOR THE PERFORMANCE OF AN ABORTION ON THEIR BEHALF.

Signed under the pains and penalties of perjury.

SIGNATURE	DATE

B. Consent of Patient

SIGNATURE OF PATIENT	DATE

C. Judicial Authorization

IF STATE COURT AUTHORIZATION HAS BEEN OBTAINED FOR THE ABORTION, PLEASE CHECK BELOW.

☐ Court authorization obtained.

This form shall be maintained solely by the facility as part of your confidential medical record.

MDPH Minor Abortion Consent Form; last revised 2022. This consent form is available in multiple languages commonly spoken in Massachusetts. Email dph-abconsents@mass.gov to request additional languages.