

Dr. Maryam Zarei, MD

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AUTHORIZATION FORM FOR UNATTENDED MINORS

I authorize Maryam Zarei, M.D. to give treatment to my son/daughter		
1. Allergy injections.		
2. In the event of an emerger provide necessary care.	ncy, (i.e. Acute Anaphylaxis	< 0.1% of allergy shots)
3. Obtain medication sample	s or written prescriptions as	needed.
4. Obtain regular yearly vacc	cines (i.e. Flu).	
Patient Name (Print)	Patient Signature	Date
Parent or Legal Guardian (Print)	Parent/ Legal Guardian Signature	Date
Phone Number where Parent/ Lega Emergency:	l Guardian may be reached i	n the event of an
Н	ome:	_
W	/ork:	_
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