

Family Allergy 
Asthma, Immunology & Sinus Center

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 emergency, (i.e. Acute Anaphylaxis < 0.1% of allergy shots) provide necessary care.
- _____ 3. Obtain medication samples or written prescriptions as needed.
- _____ 4. Obtain regular yearly vaccines (i.e. Flu).

Patient Name (Print)

Patient Signature

Date

Parent or Legal Guardian (Print)

Parent/ Legal Guardian
Signature

Date

Phone Number where Parent/ Legal Guardian may be reached in the event of an
Emergency:

Home: _____

Work: _____

Cell: _____