



THE WORLD OF PEDIATRICS

Dr. Lyudmila Vayman

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Authorization for Treatment of a Minor without an Authorized Adult Present

Note: Minors must be at least 16 years of Age. We prefer that a Parent or Legal Guardian attend all physicals or appointments where immunizations will be given.

Patient's Name: _____ Patient's Date of Birth: _____

To whom it may concern:

I, _____, the legal guardian or parent of _____, give authorization for _____ to make medical decisions

in my absence. The minor child listed above may authorize and sign for all medical procedures and/or treatments performed in Dr. Lyudmila Vayman's office, The World of Pediatrics. This authorization extends to urgent care centers, hospitals or other medical specialists and medical offices that may be needed to treat my child in my absence. I will be responsible for all financial obligations incurred for any procedures performed.

This authorization will remain in effect indefinitely from the date listed above until receipt of written withdrawal of this authorization.

Regards,

Signature

Date

printed name

relationship to the patient