



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