

COMPREHENSIVE PEDIATRIC CARE
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MEDICAL CONSENT FORM

As the parent and/or legal guardian of _____

I authorize that the attending physician (using his/her best educated professional judgment) may administer any vaccination or medication necessary and proper laboratory evaluations for the proper medical treatment of my child to insure his/her continued health.

I have answered all pertinent medical questions pertaining to my child to the best of my ability, and understand that the medical treatment administered is done in his/her best interest with no malice intended.

The attending physicians have explained to their best ability and expertise about the possible side affects of medication, course of disease and risk VS benefits and possible complications of vaccinations that have been administered to my child.

I also understood that calling my personal pharmacy by the attending physician is a matter of courtesy. The dosage and mode of administration has been explained to me in the physician's office or over the telephone. It is my responsibility to read the label carefully and promptly report to my physician any problems before administering the medication to my child.

Signature