



PERIMETER DERMATOLOGY

Gregory J. Cox, MD

Elizabeth M. Burns, MD

Shaanan S. Shetty, MD

Taylor R. Stone, PA-C

5505 Peachtree Dunwoody Rd, Suite 412 | Atlanta, GA 30342

I, _____, consent to have my child, _____, to be treated during their dermatology appointment in my absence.

_____ will be bringing my child to their appointment.

My contact number while my child is being seen is _____.

Are there any medical updates that we need to be aware of?

Any copays or out of pocket costs will still need to be paid on the day of service. Signing below is your acknowledgement of your parental responsibility and that you are temporarily allowing the assigned adult to take your place during your child's exam.

Parent/Guardian signature

Date

Authorized guardian signature

Date