



Jeffrey Shaw, MD, FAAP • Sudheer Shirali, MD, FAAP • Damothara Thirupatthi, MD, FAAP  
4900 Frank Avenue NW, North Canton, OH 44720 • 330-494-9797 • 330-499-1241 (fax)  
www.cantonpeds.com

## CONSENT FORM

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

THE FOLLOWING HAVE PERMISSION TO BRING MY CHILD TO CANTON PEDIATRICS FOR CARE IN MY ABSENCE.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_