

MyChart Pediatric Proxy Request for Access

Directions for Staff:

- Use this form to create a MyChart account for and grant access to a parent / guardian who wishes to become a MyChart proxy for their child(ren).

Parent Information:

Full Name (Parent)

Date of Birth (Parent)

Last Four Digits of Social Security Number (Parent)

Child(ren) Information:

_____ Full Name (Child #1) _____ Date of Birth (Child #1)	_____ Full Name (Child #4) _____ Date of Birth (Child #4)
_____ Full Name (Child #2) _____ Date of Birth (Child #2)	_____ Full Name (Child #5) _____ Date of Birth (Child #5)
_____ Full Name (Child #3) _____ Date of Birth (Child #3)	_____ Full Name (Child #6) _____ Date of Birth (Child #6)

I am requesting MyChart so that I may access my child(ren)'s health information. I have both the custodial right and the legal right to view his/her/their health information.

Parent/Guardian/Loco Parentis Signature

Date/Time

If limited English proficient or hearing impaired, offer interpreter at no additional cost::

Interpreter Accepted

Interpreter Refused

(Name/Number of Person/Services Chosen/Used)



Name / MR # / Label