



Request for Parental Access to Child's MyChart

To sign up for access to your child's (*under 13 years of age*) or a minor's Memorial Healthcare System MyChart record, please complete this form and submit it to your child's MyChart Provider's Office. Please note that the minor's chart will be accessed through your MyChart account. Completing this form will establish a MyChart record for the minor and for you, if you do not already have one.

Parent / Guardian Information (please print):

Name (last, first, middle initial)	
Last 4 digits of Social Security Number	
Date of Birth	
Street Address	
City	
State	
Zip Code	
E-mail address	
Telephone number	

Please indicate your relationship to minor by checking one of the below:

Parent	
Legal Guardian	
Non-custodial Parent	
Power of Attorney for Healthcare	
Other (please explain)	

NOTE: If you are the Legal Guardian or Non-custodial Parent of the minor, or if you have Power of Attorney for Healthcare for the minor, you must provide us with a copy of the legal document that allows you to receive medical information.

Please provide the following information for each minor: (If you have more than four children, for whom you are requesting access, please copy this form.)

1.)

Name (last, first, middle initial)	
Last 4 digits of Social Security Number	
Date of Birth	

2.)

Name (last, first, middle initial)	
Last 4 digits of Social Security Number	



Date of Birth	
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3.)

Name (last, first, middle initial)	
Last 4 digits of Social Security Number	
Date of Birth	

4.)

Name (last, first, middle initial)	
Last 4 digits of Social Security Number	
Date of Birth	

I understand and agree to the following requirements and procedures for accessing my child's medical records:

- I am the parent or legal guardian of the child named above, with the full legal right to access the child's medical records;
- I have read and agree to comply with and be bound by the Terms of Use shown on the Memorial MyChart website;
- I understand that when a minor child turns 18 years old, access to the child's record will be terminated;

Parent/Legal Guardian Signature	
Date	

For help with this document, please contact your MyChart Provider's Office or email MyChart@mhs.net. Thank you.