

**Name of Child (Patient):** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Consent by Proxy for Non-Urgent Pediatric Care**

I (we) appoint one of the following adults as my (our) proxy decision maker for consenting to non-urgent medical care for my (our) child. I (we) have the legal right to delegate such consent to the proxy decision maker, who is an adult and legally and medically competent to exercise the authority so delegated. Be advised that protected patient health information can be shared with the proxy to facilitate informed decision making.

1. \_\_\_\_\_ DL# \_\_\_\_\_ 2. \_\_\_\_\_ DL# \_\_\_\_\_  
3. \_\_\_\_\_ DL# \_\_\_\_\_ 4. \_\_\_\_\_ DL# \_\_\_\_\_

I (we) place the following limitations on this consent:

**Kinds of medical services:** (if none, state "none") \_\_\_\_\_

Time limit on proxy consent: \_\_\_\_\_

**Contact Information:** If the nature of the medical care is not routine, contact me (us) at the following number(s). If I (we) cannot be reached, you may rely on the proxy decision maker for consent.

**MyChart Parent/Legal Guardian Proxy Request**

**Parents or legal guardians** can use AnMed Health MyChart patient portal to access medical information and pay bills for their children who are under the age of 18, unless the child is emancipated or married. Please read this parental authorization carefully.

- The parent or legal guardian must sign this form to receive proxy access to a minor child's medical information.
- The parent or legal guardian must establish an AnMed Health MyChart account for themselves before proxy access can be granted to a child's health information. If you have a current MyChart account, you will be asked to provide your login ID below.
- When a child turns 18 years or age, proxy access to medical information by the parent or legal guardian will be terminated.
- The parent or legal guardian may make a request to revoke access to the child's account at any time.
- AnMed Health may revoke a parent's access if the child notifies AnMed Health of verifiable emancipated status.
- AnMed Health may, at its sole discretion, deny or revoke access for any reason including cases where parent/parent or parent/child disputes cannot be resolved.

Parent/Legal Guardian 1		Parent/Legal Guardian 2	
Name:			
Address:			
DOB:   Gender:	DOB:                      Gender:	DOB:                      Gender:	
Phone Number(s):	Home:                      Cell:	Home:                      Cell:	
	Work:                      Other:	Work:                      Other:	
Email Address:			
Relationship to Child:	Parent___ Legal Guardian___ Other___ If Other, please specify: _____	Parent___ Legal Guardian___ Other___ If Other, please specify: _____	
Do you want MyChart Proxy Access to your child's medical information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I already have access. If yes, please provide your login ID if you have a MyChart Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I already have access. If yes, please provide your login ID if you have a MyChart Account:	

I the undersigned understand the information above and have executed this instrument.

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

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_