	EP-00007							
	NS MEDICINE Form – Incapacitat	ed Child	Scan int	o patient record on	ce com	pleted		
	(0-17 years old)							
REC	QUEST FOR ACC	ESS TO INCAP	INS MEDICINE MYCH ACITATED CHILD'S M ase print clearly)		IATION	I		
Child's Name:				Child's Birth Date:				
Address:	(first)	(middle initial)	(last)	Phone #:				
Address.		(street address)		Flione #.				
		(-1-1-)	(-'	Medical Record #:		known)		
	(city)	(state)	(zip code)		(11	known)		
MyChart account be created for you Parent /Legal Gu	to access your child's I when this form has t ardian Information	MyChart information	are a Johns Hopkins Medicir . If you are not a Johns Hop	ne patient, you will need kins Medicine patient, a	d to have a MyCha	e an acti rt accou	ve int will	
Parent's/Legal G	Parent's/Legal Guardian's				Parent/Legal Guardian's			
Name:	(first)	(m. initial)	(last)	Birth Date:		(require	d)	
	(mst)	(11. 11100)	(เสรา)	Disease		(require	u)	
Address:		Phone:		(require	∋ d)			
				E-Mail Address:				
	(city)	(state)	(zip code - <i>required</i>)			(requir	ed)	
Last 4 digits of P	-	lian's SSN (for matchir	ng purposes if you have been a	Johns Hopkins' patient): .				
limitation do copy of my o Department • By signing b	es not affect any lega child's medical record at the Johns Hopkins	I right I have to acces in paper or electronic Medicine location wh	rmitted only until my child re s my child's record by other c format from the Health Info here my child receives care. understand this MyChart F	means. I also understa frmation Management (and that I Medical	may re Records	quest a s)	
team has determine	ned the patient canno	t make informed deci	nd that my child is incapacita sions about their medical ca ch proof of legal guardianshi	ire because they are no				
Printed Name of	of Parent/Legal Gu	ardian:			-			
Signature of Pa	rent/Legal Guardi	an:		Dat	e:		/	
This form is for sig		ent or legal guardian v	vith parental rights for the cl					