



Waiver to enroll in MyChart:

<u>PATIENT'S NAME:</u>	<u>DATE OF BIRTH:</u>	<u>PEDIATRICIAN:</u>

Parent/Guardian accessing MyChart:

NAME/RELATIONSHIP	
DATE OF BIRTH:	
ZIP CODE:	
EMAIL ADDRESS:	

Email address for any child 13+: Please note all patients 13 and older need to have their own mychart account using their own email address to be able to access features such as virtual visits.

EMAIL ADDRESS FOR PATIENT 13+: _____

I GIVE PERMISSION FOR MY PARENT(S) LISTED BELOW TO ACCESS MYCHART _____(INITIALS)