



# NORTHWESTERN CHILDREN'S PRACTICE

## MYCHART PATIENT PORTAL (11 years old and younger)

Patient(s) Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Guardian Information #1:

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Complete Address (if different from patient) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Do you have an existing MyChart account? \_\_\_\_\_ Your MyChart Username: \_\_\_\_\_

Email address: \_\_\_\_\_

### Parent/Guardian Information #2:

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Complete Address (if different from patient) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Do you have an existing MyChart account? \_\_\_\_\_ Your MyChart Username: \_\_\_\_\_

Email address: \_\_\_\_\_

I certify that I am the parent or legal guardian of the child(ren) listed above and that all information I have provided is correct. I hereby request access to my child (ren) online record. This authorization is valid until it is revoked or otherwise expires.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*You will receive an email from Lurie Children's Hospital with a MyChart Activation Code. This code gives you full access to your child(ren) online record. Please note that the code is only valid for 24 hours.\*\*

*If you prefer to sign up for MyChart directly, please go to this website:  
[Mychart.luriechildrens.org](http://Mychart.luriechildrens.org)*