



Teenager Access to MyCHKD Patient Portal Authorization

MyCHKD Patient Portal is a secure web portal that allows your child to request appointments, communicate with his/her physician's office, receive lab results and request medication renewals via our secure site on the Internet.

Your signature below authorizes access for your child fourteen through seventeen (14–17) years of age to access MyCHKD Patient Portal.

This Authorization is valid until your child reaches the age of eighteen (18). You may submit a written request to remove access at any time.

Teenager Information (print):	
Name:	Date of Birth:
Address:	

Parent/Legal Guardian Information (print):	
Name:	Date of Birth:
Address:	

I accept these terms and authorize CHKDHS and my physician to make my child's Patient Portal medical information available to him/her.

Patient Signature (Optional): _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____