

My Kid's Chart

Release Form for Patients ## years and older

I, _____, give permission to ABC Pediatrics to grant access to my electronic chart through the patient portal, My Kid's Chart, to the following individuals (parent or legal guardian only):

NAME	RELATIONSHIP

I understand this will allow these individuals to see information about my appointments with the doctor, including diagnoses, my height and weight, lab and screening test results, and immunizations given. I also understand that myself or one of the doctors at ABC Pediatrics can revoke this permission at any time.

Signature _____

Date _____