Not enough data
Parental/Guardian Access to the Online Medical Record of a Child Under 18 Years

Please enter Child’s information:

Child’s Name: _____________________________________   Guthrie Medical Record #: __________________________
Address: ___________________________________________   Last 4 digits of Social Security #: __________
_________________________________________________   Date of Birth: _____________________________
Gender: _________ Male   ________ Female

To be notified when new messages about your child’s care are sent to eGuthrie, please list an email address:
___________________________________________________________________________________________

Note: If no email is provided then you will not receive notifications that eGuthrie has been updated.

Please enter Parent/Legal Guardian information:

Parent Name: _____________________________________   Guthrie Medical Record #: __________________________
Address: ___________________________________________   Last 4 digits of Social Security #: __________
_________________________________________________   Date of Birth: _____________________________
Gender: _________ Male   ________ Female
Former Name(s) - e.g. maiden name: ____________________________________________________________
Relationship to child:  ____Parent    ____ Legal Guardian    ____ Other
If Other, please specify:__________________________________________________________________________

Please note: If you are a Guthrie patient you must activate your account prior to requesting proxy

Note: Access to child's online record is only available to Parents or individuals with legal guardianship. I have read and understand the requirements and procedures for accessing my child’s medical record information online as provided on page one of this document titled, Parental Access to the Online Medical Record of a Child Under 18 Years Old.

I certify that I am the parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to my child's online record.

____________________________________  __________________________________________
Date   Parent/Legal Guardian Signature

Completed forms can be submitted in person or via mail to your or your family's Guthrie caregiver. For mailing addresses, please reference our Guthrie website.

Initials: _____

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