

Parent Legal Guardian Request Letter

Subject: Medical Records Request for Minor Child - [Child's Name]

To Whom It May Concern,

I am the parent/legal guardian of [Child's Full Name] and am requesting complete medical records from your facility. As the legal guardian, I have the authority to access my child's medical information.

Child's Information:

Full Name: [Child's Name]

Date of Birth: [MM/DD/YYYY]

Parent/Guardian: [Your Name]

Relationship: [Mother/Father/Legal Guardian]

Address: [Address]

I am requesting all medical records, including but not limited to office visits, immunization records, growth charts, lab results, and any specialist consultations for the period from [Date] to [Date].

These records are needed for [school enrollment, camp registration, transfer to new physician, etc.].

Please let me know what forms of identification or documentation you require to process this request.

I can be reached at [contact information] and am available to pick up the records or have them mailed to the address above.

Thank you for your assistance.

Respectfully,

[Your Signature]

[Printed Name]

[Relationship to Patient]

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