

# Request for Patient Care Report

Parent of a Minor Child



## **INSTRUCTIONS:**

1. **This form is for use ONLY by the parent of a minor child.** If this does not apply to you, please return to [www.baltimorecountymd.gov/firerecords](http://www.baltimorecountymd.gov/firerecords) to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.
3. **This form must be notarized.\*\***

Parent (person making request for record)

My name is: \_\_\_\_\_

My mailing address is: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Patient Information:

Patient's Name: \_\_\_\_\_

Incident Information:

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident Location (street address, intersection, etc) \_\_\_\_\_

## **REMEMBER TO ENCLOSE THE FOLLOWING:**

- Copy of my driver's license or other equivalent photo I.D.
- Check or money order in the amount of **\$15.00** payable to "Baltimore County Maryland"

**I affirm that I am the legal parent of the named minor patient. I also affirm that my authority to consent to health care for the patient has not been specifically limited by a court order or a valid separation agreement, that I know of no reason why I should not receive a copy of this record, and that the information and documents presented are valid and true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this signed, dated, and notarized form, your check or money order, and a copy of your driver's license or equivalent photo I.D., to:

**Baltimore County Fire Department  
Records Office  
700 East Joppa Road  
Towson, MD 21286-5500**

*To allow for processing time, no walk-in requests will be accepted.*

**If you have any questions, please contact the Records Office at 410-887-2071.**

**\*\*Reminder: This form must be notarized.**