

Request for Patient Care Report
Court-Appointed Custodian, Guardian, Representative of a Minor



INSTRUCTIONS:

1. **This form is for use ONLY by a court-appointed custodian, guardian, or representative of a minor.** If this does not apply to you, please return to www.frederickcountymd.gov 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.

Custodian/Guardian/Representative (person making request for record)

My name is: _____

My mailing address is: _____

Phone: _____ Email: _____

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.
- Copy of the document that designates me as the court-appointed guardian, custodian or representative

I affirm that I am the court-appointed guardian, custodian, or representative of the named minor patient. I also affirm 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 and dated form, copies of your driver's license or equivalent photo I.D. and the document naming you as the court-appointed guardian, custodian or representative, to:

Frederick County Fire and Rescue Services
Records Office
5370 Public Safety Place
Frederick, MD 21704
Fax: 301-600-1018

If you have any questions, please contact the Records Office at 301-600-1308.