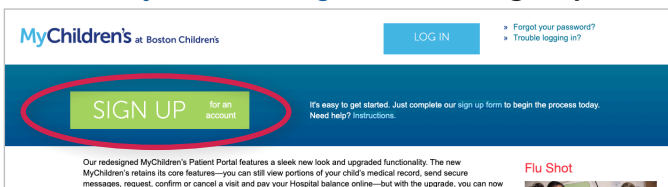
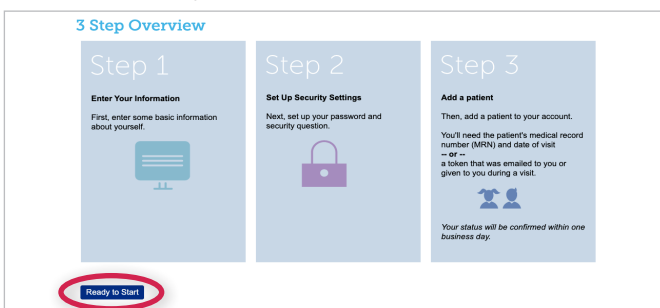


How to sign up for MyChildren's Portal

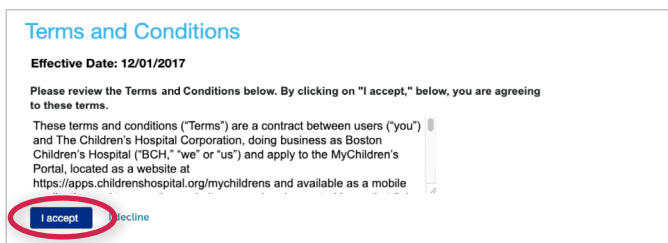
1. Go to mychildrens.org and select **Sign Up**.



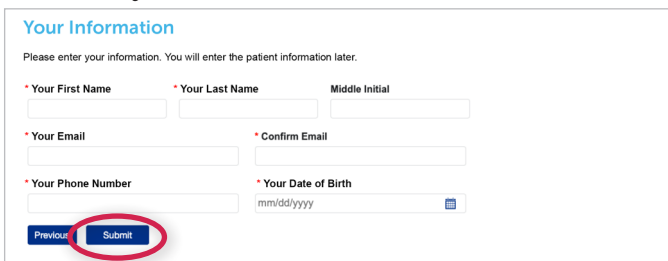
2. Select **Ready to Start**.



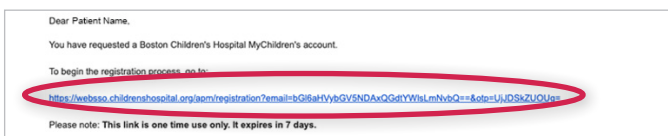
3. Select **I accept** if you agree to the Terms and Conditions.



4. Fill out your information and select **Submit**.



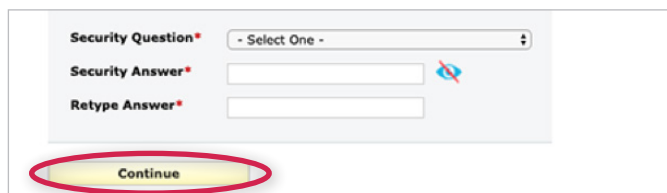
5. An email has been sent to the email address you entered. Select the link to continue.



6. Create your password and select **Continue**.



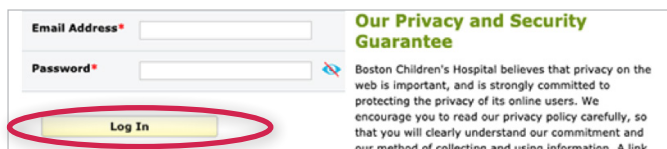
7. Set up a security question. Then select **Continue**.



8. Select **Log in to MyChildren's**.

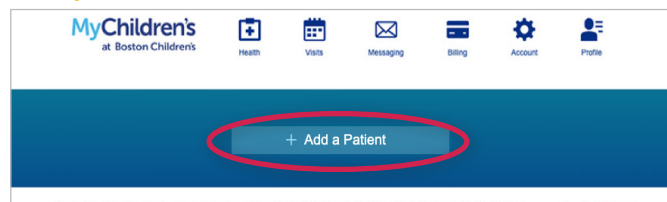


9. Enter your login details, and select **Log In**.

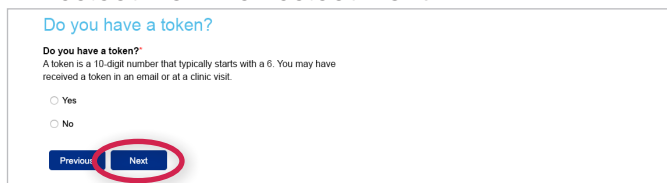


10. Select **Add a Patient** even if you are the patient.

 This connects your account to your records.



11. If you've received a token, select **Yes**, if not, select **No**. Then select **Next**.



How to sign up for MyChildren's Portal

If You Have a Token

12. Indicate whether or not you are the patient, then select **Next**.

Who is the patient?

Who is the patient you are adding to your MyChildren's account?

My child

Myself

13. Enter the token and patient's date of birth, and select **Submit**.

Patient Information

* Token

If the token doesn't work, please call the MyChildren's Support team at 617-919-4396.

If You Don't Have a Token

12. Indicate whether or not you are the patient, then select **Next**.

Who is the patient?

Who is the patient you are adding to your MyChildren's account?

My child

Myself

13. If you are not the patient, enter the parent information, and select **Next**. If you are the patient, you won't see this screen.

Parent Information


Enter the contact information. To add a state/province, click Other.

* Address 1 Address 2

* City * State/Province

* Zip/Postal Code * Country

* Phone Number

14. Enter the patient information. Select **Finish**.
-  Please call 617-919-4396 to get the medical record number (MRN) and date of visit.

Patient Information

Enter your child's information.

* Your Child's First Name * Your Child's Last Name

* Your Child's Date of Birth

Please call the MyChildren's Support team at 617-919-4396 to get the medical record number (MRN) or date of visit.

* Medical Record Number (MRN)

* Date of Visit to any Boston Children's Location

Your Child's Primary Address

Use my address

* Address 1 Address 2

* City * State/Province

* Zip/Postal Code * Country

* Phone Number

Please allow up to one business day to learn of your approval.

Questions? Contact MyChildren's Support at 617-919-4396