

**Teen Advisory Committee (TAC)
Application**

Please note: In order to recruit a diverse group of adolescents for the committee we are unable to accept every applicant.

TEEN FULL NAME		DATE	
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TEEN INFORMATION	
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Nickname	
Date of Birth & Age	
Full Address	
Home Phone	
Cell Phone	
Email	
Diagnosis, age when diagnosed, additional medical information	
Current/Past Clinician	
Year 1 st seen at BCH	
Allergies	
School and Grade	
Interests and Hobbies	
Are you available to attend monthly meetings from 5pm – 7pm?	Yes / No <i>(It is essential that you attend meetings if you are to become a member of TAC)</i>
Recommendation	Please ask a member of your BCH healthcare team to write and submit a letter of recommendation for this committee. This will be kept confidential.

TEEN INFORMATION CONTINUED

Why would you like to become a member of TAC?

PARENT(S)/GUARDIAN(S) INFORMATION

Parent(s)/Guardian(s) Name(s)
Home Phone(s)
Work Phone(s)
Cell Phones(s)
Email(s)

EMERGENCY CONTACT INFORMATION

Name(s)
Phone(s)

PARENT/GUARDIAN CONSENT (if under 18 years of age)

_____ (*Teen's name*) has my permission to participate in the Teen Advisory Committee at Boston Children's Hospital. I understand that my son/daughter is responsible for getting him/herself to and from the meetings. A free parking voucher for the hospital garage is given to each committee member.

PARENT/GUARDIAN SIGNATURE

DATE

Thank you for taking the time to complete the TAC application. Please return the completed application to the Hale Family Center for Families at Boston Children's Hospital (contact information listed below). Upon receiving the application, you will receive a call you to arrange an interview.

Address: Hale Family Center for Families
Boston Children's Hospital
300 Longwood Avenue, BCH3238
Boston, MA 02115

Email: TeenAdvisory@childrens.harvard.edu
Phone: 617-355-6279