



Children's Hospital
London Health Sciences Centre

Full Name _____ Age _____ Birthdate _____
(Include preferred name to be called)

Address _____ Phone _____

City _____ Province _____ Postal Code _____

E-Mail: _____

What are your preferred forms of communication? Telephone _____ E-mail _____ Mail _____

Names of Parents/Caregivers:

_____ Work Phone _____

_____ Work Phone _____

Please indicate who the child or youth lives with:

Both Parents _____ Grandparent _____

Mother _____ Other _____

Father _____

Please describe your experiences with Children's Hospital and **why** you would like to join:

Allergies (food, etc.)

Emergency Contact: _____

Health Card Number _____

I agree to allow my child _____ to participate as a member of the Children and Youth Advisory Council. I will do my best to encourage him/her to participate in a meaningful way.

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____

Please reply to:

Lisa Hawthornthwaite, Child and Family Resource Centre, C3-301 Children's Hospital, 800
Commissioners Rd. E., P.O. Box 5010, London, ON N6A 5W9; Fax: 519 685-8103
Phone: 519 685-8500 extension 50102

Note: Your personal information will be used only for the purpose of communications related to the activities of the Children and Youth Advisory Council.