



THE UNIVERSITY OF
CHICAGO
MEDICINE

Comer Children's Hospital

Teen Advisory Board Application

The Teen Advisory Board (TAB) acts as a voice for pediatric patients and families. The board consists of adolescents from eleven to seventeen years old who are, or have recently been, patients/siblings at our hospital. The purpose of the TAB is to recommend change that positively affects patient care at Comer Children's Hospital by providing pediatric patients and siblings an opportunity to voice their opinions, and help make the hospital more "kid-friendly."

Applicant Name: _____

Date of Birth: _____

Please indicate: Patient Sibling

Legal Guardian Name(s): _____

E-mail Address of Legal Guardian: _____

E-mail Address of Patient/Sibling: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Have you been cared for at Comer:		Physician(s) you visit most regularly.
In the last 3 years?	Times per year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> > 6	

How long have you/your sibling been associated with the hospital? _____

We want to include patients/siblings who can speak from diverse experiences at Comer Children's Hospital. Please check the clinics and programs that you have been most involved with:

- | | |
|---|--|
| <input type="checkbox"/> Pediatric Intensive Care Unit (PICU) | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Comer 5 th Floor | <input type="checkbox"/> Sedation |
| <input type="checkbox"/> Comer 6 th Floor | <input type="checkbox"/> Special Procedures Area |
| <input type="checkbox"/> Pediatric Specialty Clinics | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Comer Cancer Center | |

Are you open to sharing information about your experience(s) at Comer?

- Yes No

Are you involved in additional extra-curricular activities?

- Yes, please indicate: _____
 No

Are you able to make the time commitment to attend eight meetings a year?

Meetings are held the fourth Tuesday of the month from 6-8:00pm.

- Yes No

Please tell us 3 words that best describe you:

1. _____
2. _____
3. _____

Please tell us why you would like to be a member of our Teen Advisory Board:

Please e-mail or mail completed application to:
Amy Carter
Child Life and Family Education
Comer Children's Hospital
The University of Chicago Medicine
5721. S. Maryland Ave. | Rm. K135, MC 8008 | Chicago, IL 60637
amy.carter@uchospitals.edu