



MUSC CHILDREN'S HEALTH YOUTH ADVISORY COUNCIL APPLICATION

I am interested in becoming a member of the MUSC Children's Health Youth Advisory Council!

I have been a patient or sibling of a patient at MUSC Children's Hospital.

I am between 13 and 17 years of age.

I understand that I will be attending Youth Council meetings at MUSC and possibly other events, sponsored by the Children's Hospital, as a Youth Representative.

I understand I will be asked to share my opinions, ideas and comments about the hospital, healthcare and I am comfortable speaking in a group setting.

I have spoken with my parents or guardians. They support my desire to join the Youth Council and will provide transportation to meetings.

Date: _____

Name: _____

Age: _____ Birthday _____

Cell Phone _____ Other phone _____

E-mail _____

Address _____

T-shirt size: _____

I prefer to be contacted by _____ phone _____ text _____ e-mail

School and grade: _____

Interests and hobbies: _____

Parent or guardian name: _____

Phone number (cell) _____

Email _____

Parent or guardian name: _____

Phone number (cell) _____

Email _____

A little about my diagnosis and medical story:

Clinics, units, procedure areas (Operating Room, cath lab, x-ray, MRI, etc...) where I have received care:

My MUSC Children’s Hospital physician(s):

Why I want to be a part of the MUSC Children’s Health Youth Advisory Council:

Ideas or suggestions I would like to discuss at YAC:

Please e-mail this application to:
Betsy McMillan, Child Life Department
mcmillbm@musc.edu
843-792-7064

Please attach a recommendation to application from an adult (other than your parent or guardian)