

# USA HEALTH CHILDREN'S & WOMEN'S HOSPITAL

## Teen Advisory Council Application

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reason for Hospitalization: \_\_\_\_\_

Past/Current USA Health Physician: \_\_\_\_\_

Year first seen at USA Health Children's & Women's Hospital: \_\_\_\_\_

### Education

School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_

Interests/Hobbies:

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to serve on the Teen Advisory Council (TAC) at USA Health Children's & Women's Hospital?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Consent (if under 19 years of age)

\_\_\_\_\_ (*Teen's name*) has my permission to participate in the Teen Advisory Council (TAC) at USA Health Children's & Women's Hospital. I understand that my son/daughter is responsible to attend and getting him/herself to and from meetings.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for taking time to complete the Teen Advisory Council application. Please return the completed application to the Administrative Office at USA Health Children's & Women's Hospital (contact information listed below).

Address: USA Health Children's & Women's Hospital      E-mail: [bpurvis@health.southalabama.edu](mailto:bpurvis@health.southalabama.edu)  
Administration Office      Phone: 251-415-1602  
C/o Brandi Purvis  
1700 Center St.  
Mobile, AL 36604