

SickKids Children's Council
Nomination Card

Name of Child: _____

Have you been an inpatient at SickKids? Yes No

Home Phone Number: _____

Home Address: _____

Email: _____

Tell us why you (or someone you know) would be a great
Children's Council member:

A parent/guardian MUST provide consent for their child to be nominated.

Name of Parent (Please print): _____

Parent's Signature: _____

Name of Child (Please print): _____

Child's Signature: _____

If you are nominating someone, please provide

Name of Nominator: _____

Phone Number of Nominator: _____

Drop this form off with your Child Life Specialist or in Marnie's Lounge
(4th Floor, Black Wing). If you have any questions, please email
childrens.council@sickkids.ca

SickKids[®]