



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: _____

Please scan a copy of this form and email it to childrens.council@sickkids.ca

Please email childrens.council@sickkids.ca if you have any questions.