Texas Children’s Hospital

Food Allergy Program

Teen Advisory Board

**About the Food Allergy Program Teen Advisory Board:**

The Texas Children’s Hospital Food Allergy Program Teen Advisory Board is a leadership program to promote food allergy awareness in the community and to be a mentor to other food allergic children. Members will participate in the planning of outreach activities including the Texas Children’s Hospital Food Allergy Symposium youth session, Texas Children’s Hospital Food Allergy Family Network youth meetings, community outreach, and other projects.

**Term:**

Members will serve a 1 year term. Individuals may re-apply the following year to serve additional terms.

**Requirements:**

* Age 12-17 years at the time of application
* Use his or her knowledge, skills, and abilities to help be a mentor to children with food allergies
* Diagnosis of food allergy
* Carry epinephrine auto-injector at all times (if prescribed)
* Attend at least two planning meetings (in-person or phone)
* Attend at least one outreach meeting
* Live in Houston and surrounding area
* Must have permission from parent or guardian to participate in activities
* Must have permission from parent or guardian to be listed on Texas Children’s Hospital documents such as flyers, presentations, website, etc. which may be used and dispensed to the general public

**Application Process:**

To apply, please fill out the application and email to [foodallergynurse@texaschildrens.org](mailto:foodallergynurse@texaschildrens.org) no later than March 1, 2020.

Applicants who have been accepted to the Teen Advisory Board will be notified by March 20, 2020.

**Questions?**

Contact Daisy Tran Vita by email at [dxtran1@texaschildrens.org](mailto:dxtran1@texaschildrens.org) or call 832-824-3640.



Texas Children’s Hospital

Food Allergy Program

Teen Advisory Board Application

1. Full Name:
2. Address (street address, city, state, zip code):
3. Personal e-mail:
4. Best contact number (xxx-xxx-xxxx):
5. Parent/Guardian Name:
6. Parent/Guardian email:
7. Parent/Guardian contact number (xxx-xxx-xxxx):



1. Applicant’s Date of Birth (mm/dd/yyyy):
2. Age (years):
3. What grade are you in?
4. What foods are you allergic to?
5. Do you have a prescription for epinephrine? Yes No
6. Do you carry it at all times? Yes No
7. Have you attended a Texas Children’s Hospital Food Allergy Family Network meeting?

Yes No

1. Have you attended a Texas Children’s Hospital Food Allergy Symposium? Yes No
2. What are **three** issues being faced by those with food allergies?



1. How could you help address **one** of those issues?
2. What are **three** needs in the community in regards to food allergies?
3. How could you help address **one** of the needs?



1. **Personal Statement (approximately 300 words):**

Your personal statement provides you the opportunity to present what you could contribute to the Texas Children’s Hospital Food Allergy Program Teen Advisory Board. Please describe why you want to join, your goals, skills, qualities, and experience that you could bring to help others with food allergies and the community.

You may enter your personal statement below or attach to the end of the application.

**Parent/Guardian Permission:**

By signing this form, I am allowing my child to apply for the Texas Children’s Hospital Teen Advisory Board. I have read and understand the requirements. To the best of my knowledge, the applicant meets all the requirements outlined in the application.

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

Parent/Guardian Print Name Date

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

Parent/Guardian Signature