



Food Allergy Canada's Youth Advisory Panel (YAP)

Application Form

Name: _____ Age: _____ Gender: Male Female
Name of School: _____ Grade/Year in School: _____
Type of School: Private Public Home School E-mail Address: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Home Phone Number: _____ Cell: _____

Food Allergies: Milk Egg Peanut Tree nut Fish Shell Fish Soy Sesame Wheat Penicillin

Other Allergies: _____

At what age were you diagnosed with a food allergy? _____

How old were you when you had your most recent reaction? : _____

Have you outgrown any allergies? : _____ Do you have any medical concerns? : _____

On average, how many allergic reactions do you have a year? : 0 1-2 3-5 6-10 11+

Does your school have a nurse or health Center? : Yes No I don't know

Have you been prescribed an epinephrine auto-injector? : Yes No *(If no then skip to next question)*

If yes, how often do you carry your auto-injector? All the time Most of the time Sometime Never

Have you ever been injected with an auto-injector? Yes No *(If no then skip to next question)*

If yes, then by whom? (Check all that apply) Self Parent Relative Friend Physician Hospital Staff

Paramedic Other: _____

If yes, how many times? 0 1-2 3-5 6-10 11+ Don't know

Do you wear MedicAlert identification? Yes No

Do you have a Twitter account? Yes No Do you have a Facebook account? Yes No

How many hours per month are you willing to commit to the Youth Advisory Panel? _____

Short Answer Questions- Please use the space provided. If more space is needed please attach in a word document

What advice would you give to other teens and young adults with food allergies and how would you bring awareness?

What would you like non-allergic people to know about food allergies?

What is the most important thing you have learnt about managing your food allergy in the past year?

What extra-curricular activities are you involved in? Please note how long you have been involved with them and any positions/offices you hold or awards you have received.

Short Story Question *(Please attach a one page (or less) answer to the following short story question on a separate sheet of paper (word document), with your full name, age, and "Youth Advisory Panel" in the upper left-hand corner.)*

Describe a tough experience you have had with your food allergy. How did you handle it? Would you do anything differently now? What advice would you give to other teens facing the same situation?

Note: If you are under the age of 18 please have a parent sign along with your signature. If you are over 18, your typed signature will be accepted.

Your signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Applications can be mailed or faxed to: Food Allergy Canada – 505 Consumers Road, Suite 507 - M2J 4V8, Toronto, ON. TEL 1-(866) 785-5660. If you have any questions or concerns, please e-mail them directly to info@foodallergycanada.ca.