



Virginia Youth Advisory Council

SPRING CONFERENCE 2008

March 28-30, 2008

Sheraton Crystal City Hotel

1800 Jefferson Davis Highway, Arlington, Virginia 22202

*** Tentative Agenda/Format ***

Friday, March 28, 2008

3:00 p.m. – 5:00 p.m.	Registration/Check-In /Youth Meet Youth Counselors/V-YAC Social Center
5:00 p.m. – 6:00 p.m.	Dinner Buffet
6:00 p.m. – 7:00 p.m.	Welcome/Opening Statements/Overview of V-YAC Winter Conference2008/ Purpose of Spring Conference 2008/Expectations/Meet and Greet Activity
7:00 p.m. – 8:30 p.m.	Introduction of Motivational Speaker/Motivational Speaker/Remarks
8:30 p.m. – 9:00 p.m.	Quarterly V-YAC Celebrations: Birthdays, Honor Roll, Grades Improvement, Other
9:00 p.m. – 10:30 p.m.	V-YAC Bingo for Youth
10:45 p.m. – 11:00 p.m.	Group Meetings/Youth Executive Team Meeting
11:10 p.m. – 11:45 p.m.	In Assigned Room/Room Check

Saturday, March 29, 2008

8:00 a.m. – 8:45 a.m.	Breakfast/Keynote Speaker
9:00 a.m. – 9:45 a.m.	General Session
10:00 a.m. – 11:45 a.m.	Breakout Sessions
12:00 noon – 12:45 p.m.	Lunch and Afternoon Announcements
12:45 p.m. – 1:30 p.m.	V–YAC Social Center
1:45p.m. – 3:45 p.m.	Breakout Sessions
2:30 p.m. –3:00 p.m.	Refreshment Break
4:00 p.m. –4:45 p.m.	General Session
5:00 p.m. – 6:00 p.m.	The V-YAC Staff & Youth Dinner
6:30 p.m. – 10:45 p.m.	Evening Activities: To be announced
10:45 p.m. – 11:00 p.m.	Group Meetings/Youth Executive Team Meeting
11:10 p.m. – 11:45 p.m.	In Assigned Room/Lights Out

Sunday, March 30, 2008

8:30 a.m. – 9:15 a.m.	Buffet Breakfast/Closing Ceremony
9:15 a.m. – 10:15 a.m.	Check-Out of Hotel Rooms/Box Snacks/Have a Safe Trip Home!

V-YAC events are sponsored by the Virginia Department of Social Services Independent Living Program.

Registration Contact Person: Nancy Nicholson

Telephone: 804/726-7508 Fax: 804/726-7964 Email: nancy.nicholson@dss.virginia.gov

Registrations due by Monday, March 10, 2008

In order for registrations to be accepted and confirmed, the following forms must be submitted together:

-  The Registration form
-  The Medical Authorization form
-  The Photographic Release form



The Virginia Youth Advisory Spring Conference
 March 28-30, 2008

Sheraton Crystal City Hotel, 1800 Jefferson Davis Highway, Arlington, Virginia 22202

Conference Registration Form

Fax completed forms to Nancy Nicholson @ 804/726-7964

*****REGISTRATIONS DUE BY MONDAY, MARCH 10, 2008*****

Section 1 - Youth Attendance Status			
Please Check One	<input type="checkbox"/> Member	<input type="checkbox"/> Returning Participant	<input type="checkbox"/> New Participant
Section 2 - Youth Contact Information			
First Name			Last Name
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth
Street Address	City		Zip code
Home Telephone	()	Cell Telephone	()
Section 3 - Youth Placement			
Type of Placement			Contact Person's Name
Contact Person's Address			Telephone ()
Section 4 - School Information			
School's Name			Current Grade/Classification
Section 5 - Special Needs			
Please describe any dietary request(s) and/or special needs accommodations for youth			
Section 6 - Medications			
Currently on Medication(s)?	<input type="checkbox"/> Yes, the youth is currently on medication(s).	<input type="checkbox"/> No, the youth is not currently on medication(s).	
<i>If yes, it is imperative that the medication information be completed on the Authorization for Medical Treatment Form-Page 4. Registrations will not be confirmed without this information completed.</i>			
Section 7 - Youth Custodial Agency & Other Information			
Local Agency			
Worker's Name	Worker's Telephone #		()
IL Coordinator's Name	IL Telephone #		()
Emergency Contact Person's Name	Emergency Contact Telephone #'s		()
Relationship to Youth			
Signature of Youth's Worker and Date (Required)	I recommend & grant permission for the youth listed on the registration form to attend V-YAC's Conference on January 25-27, 2008 .		
	Signature		Date
Signature of IL Coordinator or Foster Care Supervisor and Date (Required)	The youth listed on this registration form meets the eligibility criteria to attend this conference. Therefore, this agency recommends & grants permission for the youth to attend V-YAC's Winter Conference on January 25-27, 2008 . In addition, this agency agrees with the "responsibilities of local agencies" as stated in the conference announcement (e-mail: IL info #153V). Last, this youth custodial agency will be responsible for the youth transportation to and from this conference.		
	Signature		Date

COMMONWEALTH of VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Independent Living Program
Phone (804) 726-7508 or (804) 726-7577
Fax (804) 726-7964

Authorization for Medical Treatment
(Must be completed and sent along with the registration form-page 2)

I. Health History

Please answer all questions. This information will not affect your status with the Virginia Department of Social Services Independent Living Program; it is strictly for the use of the State Independent Living Program official(s) in securing treatment/hospitalization if needed.

Name: _____ Age: _____ Birthday: _____ Sex: _____
Last First Middle

Address: _____ Social Security No. _____
Street

_____ City State Zip

In case of emergency, notify: _____

Relationship: _____

Address: _____

Telephone No. Home: _____ Business: _____

Name of Insurance Company: _____ Policy or Medicaid ID#: _____

Address: _____ City: _____ State: ___ Zip: _____

Your Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: ___ Zip: _____

PERSONAL HISTORY: Please answer all questions. Leave no blank spaces.

Childhood diseases (including chicken pox) _____

Are you allergic to Penicillin: ___ Yes ___ No Sulfa: ___ Yes ___ No

Other drug allergies: _____

Significant medical conditions (dates and diagnoses): _____

If currently taking medications, please list all medication(s), along with the prescription and reason for each. **Registrations will not be confirmed without this information.**

Name of Medication	Dosage	Physician's prescription	Reason for taking
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use an additional blank sheet of paper if more space is needed)

All medication(s) must be in the original container(s) when the youth arrives at the conference. No exceptions.

Check below to indicate whether you have (or had in the past) these problems. Provide details of positive answers below.

Yes	No		Yes	No		Yes	No	
___	___	Allergies	___	___	Heart Murmur	___	___	Rheumatic Fever
___	___	Anemia	___	___	Hepatitis or liver disease	___	___	Seizure disorder
___	___	Asthma	___	___	High Blood Pressure	___	___	Sexual transmitted disease
___	___	Bleeding disorder	___	___	Infectious mononucleosis	___	___	Substance/alcohol abuse
___	___	Cancer or Malignancy	___	___	Kidney infection or stone	___	___	Thyroid disorder
___	___	Chickenpox	___	___	Lung disease	___	___	Tuberculosis or positive TB test
___	___	Diabetes	___	___	Migraine headache	___	___	Visual Impairment
___	___	Gastrointestinal disorder	___	___	Pneumonia	___	___	Other
___	___	Hearing Impairment	___	___	Psychological problems			
___	___	Heart disease	___	___	Rheumatic arthritis			

Details: _____

Do you have any condition, which would require special arrangement with regard to:

_____ Transportation Explain: _____
 _____ Parking Explain: _____

PERMISSION FOR TREATMENT – If you are 18 or older, please sign form yourself:

I grant permission to the State Independent Living Program/Virginia Youth Advisory Council official(s) to authorize professional treatment for me in the event of surgical, medical, or psychiatric emergency if I am unconscious or incompetent at the time by virtue of accident or self-induced pathological process.

Signature: _____ Date: _____

If you are under 18, appropriate parent, guardian, or agency must sign form:

I grant permission to the State Independent Living Program/Virginia Youth Advisory Council official(s) to secure treatment for _____ in the event of surgical, medical or psychiatric emergency, provided the State Independent Living Program/Virginia Youth Advisory Council official(s) and/or physician is unable to contact me reasonably soon and if, in his/her professional judgment, further delay would jeopardize the patient's health or life.

Signature: _____ Relationship: _____ Date: _____

I authorize the Independent Living/V-YAC officials to give _____ aspirin as needed.

Signature: _____ Relationship: _____ Date: _____

V-YAC's Photographic Release Form
(Must be completed and sent along with the registration form-page 2)

I hereby consent that all photographs, videotapes or film taken of me and/or my personal possessions and/or recording made of my voice, or success stories by agents for the Virginia Department of Social Services, Virginia Youth Advisory Council (V-YAC), or other groups and organizations may be used for the purpose of illustration, advertising, publication and promotion of the Virginia Youth Advisory Council or Department of Social Services Programs. In addition, I waive any and all rights I may have to inspect or approve any of the finished or unfinished photographs, videotapes or other means or reproduction referred to in this release form, so long as the use is for a lawful purpose.

Youth's Name Printed (First, Middle Initial, Last): _____

I have read the above and understand its terms and meaning.

If youth is 18 years of age or older please complete the section below:

_____ I DO AGREE

_____ I DO NOT AGREE

Print Name: _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____

If youth is under 18 years of age, a legal guardian/parent must complete the section below:

_____ I DO AGREE

_____ I DO NOT AGREE

Name of Guardian/Parent: _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____