



YOUTH MENTAL HEALTH SUMMIT



Valencia College West (HSB building)- November 10, 2018

Please print in blue or black ink or type. Please provide all requested information.

It's A Different World...Navigating to a better self in a changing World

Youth Workshops

Topic I	"Cope 2 Live": Coping with Violence and Trauma in the Schools - How we respond to school shootings and other traumatic events
Topic II	"When Words Hurt": Bullying: How to recognize signs of bullying
Topic III	"Money on your Mind": Healthy Money Habits: Financial Literacy for the youth
Topic VI	"Free Your Mind": A Yoga and Meditation Activity (ALL PARTICIPANTS – Youth and Parents) – Please wear slightly loose comfortable clothing for this activity.
Concurrent Workshop for Parents: 8:30am – 10:30am	<p>Parent Panel Discussion:</p> <ul style="list-style-type: none"> Recognizing Signs of Bullying and Suicide Awareness Financial Education: How financial health affects your well being <p>* Parents are highly encouraged to attend this important panel</p>

Youth Participant INFORMATION

First Name	Middle Name	Last Name	Date of Birth	Male	Female
Street Address	City	State	Zip		
Home Phone	Cell Phone	E-mail Address			
Best Point of Contact	Phone				
High School Attending	Academic Year	GPA	Graduation Date		

PARENT / GUARDIAN INFORMATION Complete for one parent or legal guardian, both if available.

Name of Mother/Legal Guardian	Will you attend the summit		Yes	No
Address (if different from applicant's)	City	State	Zip	
Mother/Legal Guardian Work Phone	Mother's Home/Cell Phone	Email		
Name of Father / Legal Guardian				
Address (if different from applicant's)	City	State	Zip	

Father's /Legal Guardian Work Phone	Father's Home/Cell Phone	Email
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EMERGENCY CONTACT INFORMATION

First Name	Middle Name	Last Name	Relationship
Street Address		City	State
Home Phone	Cell Phone	E-mail Address	

MEDIA PERMISSION FORM

I hereby grant permission to use my child's name, _____, picture and comments in materials (television, video, and world-wide web, audio and printed media) used for healthy promotion and documentation.

I do not give such permission.

SPECIAL MEDICAL NEEDS

Are there any specific or special medical needs that we should be aware of for your child? Please list them below along with any information that could be helpful.

Allergies: _____

Special Needs: _____

Family Physician: _____ Contact Number: _____

Preferred Hospital/Health Care Facility: _____ Location: _____

In the event of injury, I release Orlando Alumnae Chapter of Delta Sigma Sorority, Inc., and Youth Summit partners from any and all claims. I give permission for the person in charge to seek medical services if needed.

Parent Signature _____ Date _____ A

PARENT / GUARDIAN PERMISSION

This section must be completed and signed by a parent or guardian, not a student/youth.

As parent / guardian of the above-named child, I give permission to participate in the activities of Orlando Alumnae Chapter of Delta Sigma Sorority, Inc. Youth Mental Health Summit on Saturday, November 10, 2018 at Valencia College West. I release all partner organizations and its representatives from any liability in the event of an accident en-route, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

Signature of Parent / Legal Guardian	Date
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Please complete and email to healthandwellness@oacdst.org or mail to OAC DST PO Box 555238 Orlando, Florida 32855 by November 7th. This must be returned or accompany the youth in order to attend. There will also be on-site registration.