Youth Council term of office consent form: Milton Keynes Youth council member 2025-2027.

**Please complete the consent form and send it back by email (forms can scanned) or return to Lisa Thompson Democratic services 1 Saxon Gate East Civic offices MK9 3EJ.**

**IMPORTANT – PLEASE READ**

To ensure the proposed activity is planned, agreed and safe, this form **MUST** be completed and returned with the following signatures:

* If you are under 18 years of age, you will not be allowed to participate in this visit unless the person with parental responsibility guardianship for you has signed this form at Part 1 (if you are 18 years or over, you may complete and sign the form yourself).
* All participants **MUST** sign the declaration at the end of this form at Part 2.

It is unlikely you will be able to participate unless the form is **FULLY** completed and returned.

|  |  |
| --- | --- |
| ***Organisation and Group*** | Democratic services – Milton Keynes youth council 2025-27 |
| ***Term of office*** | February 2025 to January 2027 |
| ***Details of consent:*** | You will be agreeing for your young person to partake in meetings and activities across Milton Keynes with a variety of stakeholders and venues. This form will act as a blanket consent to engage young people safely with consent within their local constituencies during their term of office.  Parents and guardians will be informed of any additional meetings or activities outside of the youth councils planned meetings, whereby additional consent might be requested. |

**Declarations and permissions**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MKYC Participants information** | | | |  |  | | |  | |
| Participants full Name |  | | Date of Birth | | |  | | | |
| School |  | | Year group | | |  | | | |
| Home Address |  | | Postcode | | |  | | | |
| Participants Mobile |  | | Participants Email | | |  | | | |
| **Home and emergency contact information** | |  | | | | |  | |  |
| Parent / Carer name |  | | Home Number | | |  | | | |
| Parent / Carer address (if different) |  | | Work Number | | |  | | | |
| Parent / Carer email |  | | Mobile Number | | |  | | | |
| Other emergency contact (if Applicable) |  | | Emergency contact number | | |  | | | |
| Other emergency contact address (if different) |  | | Emergency contact email | | |  | | | |

**Part 1, declaration of person with parental responsibility (for participants under age 18 only)**

* I have read and fully understand the information relating to the proposed activity.
* I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged.
* I consider my child to be medically fit to participate in the activities outlined and agree to inform the organisers should this situation change between now and the activity date.
* I will inform the organisers of any changes in my child’s medical circumstances prior to the activity date.
* I agree to my child receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.
* I agree to my child being part of MK Youth Council and will support their involvement.
* I agree for contact detail to be shared within Milton Keynes council to enable the Democratic participation officer to prepare and organise arrangements for home stay during activities.

**Signed** **Relationship to young person**

**Name** *(print)* **Date**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant’s Medical and dietary requirements** | | | |  |  | | |  | |
| Surgery name and Address |  | | Surgery contact number | | |  | | | |
| Doctor’s name |  | |  | | |  | | | |
| Disclaimer of any Medical, allergies or dietary |  | |  | | |  | | | |
| Medication or treatment required |  | |  | | |  | | | |
| **Participant’s needs requirements** | |  | | | | |  | |  |
| Disability or Health |  | |  | | |  | | | |
| Support required |  | |  | | |  | | | |
| Other information |  | |  | | |  | | | |

**Part 2, Declaration of Participant *(participant MUST sign)***

I agree to taking on this role with MKYC (2023-25) which includes taking part in formal and action group meetings. I, as a participant in the stated activity, agree to abide by the rules, behave appropriately and act upon the instructions of staff and what is stated in the MKYC Handbook.

**Signed**

**Name (Print)** **Date**

**Need to contact us?**

Lisa.thompson2@milton-keynes.gov.uk

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www.milton-keynes.gov.uk

