



# DUXFORD AIR FESTIVAL

Friday 26<sup>th</sup> to Saturday 27<sup>th</sup> May 2017

Scouts & Parents,

We are holding a sleepover on Friday 26<sup>th</sup> May and then on Saturday 27<sup>th</sup> we will be getting up early to head off by coach to IWM Duxford for their Festival and Air Show.

The air show includes:

- Expert aerobatics from some of the UKs most talented pilots in powerful aircraft.
- Live entertainment, including music, family activities and pilot interviews.
- Opportunity to see various exhibitions and aircraft close up.
- Access to the IWM Duxford museum and interactive exhibitions.

The cost of the camp is £30 which includes tickets, coach travel and all meals. Cheques made payable to **"Penistone Scouts Viernes"**. If you wish to attend please return the enclosed consent and monies to me ASAP. Places are limited to 40 Scouts.

If you have any queries please contact me THANK YOU

Yours in Scouting

**Bruce**

Viernes Scout Troop

[bruce68@hotmail.co.uk](mailto:bruce68@hotmail.co.uk)

Tel: 01226 762081

Mobile: 07921 766357

## KIT LIST

Sleeping Bag

Sleeping Mat

Torch

Warm Clothing

Blanket

Wash Kit



Contact: Bruce Meek - Scout Leader  
Penistone Scout Group Registered Charity No. 514173



Penistone Scout Group



@penistonescouts

# CONSENT AND HEALTH INFORMATION FORM

THIS FORM MUST BE COMPLETED AND RETURNED BEFORE THE ACTIVITY



Full Name:		Date of Birth:
		Religion:
Address:		
Telephone No (incl. code): (01 )		
Emergency Contact Name:	Relationship:	
Emergency Contact Address (during event):		
Full Telephone No (incl. code):		
<b>PERMISSION TO TAKE PART</b> (To be completed by parent/guardian)		
I hereby agree to my son/daughter taking part in <b>DUXFORD</b> at the Scout Hut and IWM Duxford on Friday 26th & Saturday 27 <sup>th</sup> May 2017		Signature:
		Dated:
<b>MEDICAL INFORMATION</b> (To be completed by parent/guardian)		
Doctors Name:		
Doctors Address:		
Telephone No (day) (Incl. code): (01 )		Telephone No (night) (Incl. code): (01 )
<b>HEALTH INFORMATION</b> (It is important to complete this as fully as possible – continue overleaf)		
	* delete as necessary	Give details to "YES" answer.
Are there any medical or health reasons why he/she should not take part in the activity?	*NO/YES	
Has he/she been in contact with any infectious illness in the last 3 weeks? (Please inform us of this on the date of departure)	*NO/YES	
Does he/she suffer from ASTHMA, HAYFEVER, MIGRAINE, FITS, FAINTS, EPILEPSY, DIABETES, or any other ILLNESS or DISABILITY?	*NO/YES	
Is he/she taking any form of regular medication?	*NO/YES	
Does he/she suffer from TRAVEL SICKNESS	*NO/YES	
Is he/she allergic to ANTIBIOTICS, PLASTERS or any other MEDICINES or FOOD?	*NO/YES	
Are there any SPECIAL or DIETARY needs?	*NO/YES	
Date of his/her last ANTI-TETANUS injection (if known).		
Should the necessity arise, and I cannot be contacted by telephone or any other practical means to authorise urgent medical treatment to the above named, I hereby give my general consent to the Scouter in charge to authorise the medical authorities to give any necessary medical treatment.		Signature: Dated:
<b>DATA PROTECTION</b> (To be completed by parent/guardian)		
I understand that all details including disabilities / religion of the above named will be kept for Scouting purposes only, and that photographs and video may be taken and used for Scouting promotional activities.		Signature: Dated: