

# WESTWOOD WITH IFORD SCHOOL



Headteacher:  
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Pupil:

Class:

## EMERGENCY MEDICAL CONSENT

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment and authorise a member of teaching staff to sign any document required by the hospital authorities.

*Please initial here:*

## PHOTOGRAPH AND WEBSITE

I consent to the school taking and publishing photographs and/or images of my child for the purpose of promoting or publicising school activities and events. This will include but not be limited to the school newsletter, the school website, school blogs and local press. The school will not name children in photos.

*Please initial here:*

## ACCOMPANIED VILLAGE WALKS

I give consent for my child to take part in supervised walks outside the school grounds and within the village of Westwood during school hours.

*Please initial here:*

## WALK HOME BY THEMSELVES- ORCHID CLASS ONLY

I give consent for my child to walk home by themselves. I understand that the class teacher must be notified either via their HASP book or email or telephone call to the school office on the days my child will walk home.

*Please initial here:*

Name of Parent/Guardian:

Signed:

Date: