



Curwen Primary School

Together Everyone Achieves More

Intimate Care Agreement Form

Date agreed: Autumn 2022

Review date: Autumn 2025

Please read our Intimate Care Policy carefully before signing the form. If you have any questions please discuss with a member of staff.

Intimate Care Agreement Form

Should it be necessary, I give permission for _____ to receive intimate care.

Intimate care may include, but is not limited to:

- helping a child to change their own clothes or pull-ups following a toileting accident
- changing a child's clothing, nappies or pull-ups that are soiled
- helping a child to change their clothes for any other reason (e.g. extremely wet or dirty)
- changing a child's clothes for any other reason (e.g. extremely wet or dirty)

I understand that staff will endeavour to encourage my child to be independent, but will intervene or support if needed.

Signed: _____ Print name: _____ Date: _____

Individual Intimate Care Plan (IICP)

Intimate Care Plan		
Pupil Name:	Class:	Key worker/ Lead Professional
Area of need:		Diagnosis:
Details of assistance needed:		Frequency of support:
Location of Toilet:		Liaison with parents/methods of communication:
Staff Training needed:	Strategies to support independence:	
Review Date:	Staff Member signature:	Parent signature:

Staff information: Save on Provision Mapp & Arbor once signed and share with relevant staff members.