



Curwen Primary School

Together Everyone Achieves More

Individual Intimate Care Agreement Form

Please read our Supporting Pupils with Medical Conditions Policy carefully before signing the form. If you have any questions please discuss with a member of staff.

Intimate Care Agreement Form

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

Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	

CHILD

How many members of staff would you like to help?

Do you mind having a chat when you are being changed or washed?

Signature of child

Date

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE

Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

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