



PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

Name of Child: _____ Gender: _____

Date of Birth: _____ Name of Parent/Carer: _____

Address: _____

I understand that:

I give permission to the school to provide appropriate intimate care support as per care plan to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Head teacher of any medical condition my child may have which affects issues of intimate care.

Name _____ Signature: _____

Relationship to child: _____ Date: _____