Intimate Care Plan

Personal and Family Details

Child's full name : _____

Date of birth : _____ Year / Class : _____

Contact details Priority 1 Name : Relationship to child : Phone number 1 : Phone number 2 :	Contact details Priority 1 Name : Relationship to child : Phone number 1 : Phone number 2 :

Medical diagnosis / condition :
Nature of Personal Care :

Procedure A (Include, what will be carried out, how and by whom)

Procedure B (Include, what will be carried out, how and by whom)

Signed by:		Relationship to child :	Parent / guardian / carer	Date:	
Signed by:		Relationship to child :	Class / tutor teacher	Date:	
Signed by:		Relationship to child :	SENDCo	Date:	
Signed by:		Relationship to child :		Date:	