**Intimate Care Plan**

**Note: The ‘Care Plan Contextual Information’ must be completed first**

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| **Describe intimate care needs (including frequency, resources, changing procedures, the level of care required)****Frequency:****Resources required:****Changing procedures:****Level of care needed:** |

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| **Child’s name:** | **Date of birth:** | **Class:** | **Any items lent to child?****Date returned to school** |
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