

# Intimate care plan

Use this template for pupils who need regular support with toileting, washing and/or changing.

| PARENTS/CARERS   |  |
|--|--|
| 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 making sure 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 (FOR CHILDREN YEAR 1 TO 6)   |  |
| How many members of staff would you like to help?  |  |
| Do you mind having a chat when you are being changed or washed?  |  |

PARENTS/CARERS

|                    |  |
|--------------------|--|
| Signature of child |  |
| Date               |  |

This plan will be reviewed twice a year.

Next review date: July 2023

To be reviewed by: Head Teacher, Early Years Lead, SENCo