

**Appendix 1:**



**St. Michael in the Hamlet Primary School  
Personal Intimate Care Plan**

**Name:**

**Class:**

**Date of Last review:**

**Parent Signature:**

This is an important document. Please make sure all who work with this child have access to it.

**St. Michael in the Hamlet Primary School**

**INTIMATE CARE PLAN PROFORMA**

Pupil Name:	
Class:	
Area of Need:	
Details of assistance needed:	
Responsibility for supply of resources:	
Frequency of support/staff authorized to carry out plan:	
Location of toilet:	
Liaison with parents/methods of communication:	
Staff training needs:	
Strategies to support independence:	
Review Date:	



**Appendix 3:**



**St. Michael in the Hamlet Primary School**

**Early Years Foundation Stage Permission Form for Intimate Care**

Dear Parent/Carer,

If a child wets or soils themselves whilst they are in school, it is important that measures are taken to have them changed and if necessary cleaned as quickly as possible. Our staff are experienced at carrying out this task if you wish them to do so or, if preferred, the school can contact you or your emergency contact who will be asked to attend without delay.

St. Michael in the Hamlet Primary School has an Intimate Care Policy which is available to view on our website. Please fill out the permission slip below stating your preference.

Kind regards,

Miss L. Moreton

Headteacher

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**Consent for Intimate Care**

Name of Child ..... Class .....

Please tick as appropriate

\* I give consent for my child to be changed and cleaned if they wet or soil themselves whilst in the care of St. Michael in the Hamlet Primary School.

\* I do not give consent for my child to be changed and cleaned if they wet or soil themselves. The school will contact me or my emergency contact and I will organise for my child to be cleaned and changed. I understand that in the event that I or my emergency contact cannot be contacted, the staff will act appropriately and may need to come into some level of physical contact in order to aid my child.

**Signature of Parent/Carer** ..... **Date** .....