

**Intimate Care Plan**

<b>School</b>		
<b>Pupil Name &amp; Address</b>		
<b>Date of Birth</b>		
<b>Class</b>		
<b>Medical Diagnosis/Condition and Need for Intimate Care</b>		
<b>SEND Needs</b>		
<b>Triggers</b>		
<b>Contact Information</b> <b>Family Contact No.1</b> <b>Name</b> _____ <b>Telephone (work)</b> _____ <b>Telephone (home)</b> _____ <b>Telephone (mobile)</b> _____		<b>Family Contact No.2</b> <b>Name</b> _____ <b>Telephone (work)</b> _____ <b>Telephone (home)</b> _____ <b>Telephone (mobile)</b> _____
<b>Clinic/ Hospital Contact</b> <b>Name</b> _____ <b>Telephone</b> _____		<b>GP Contact</b> <b>Name</b> _____ <b>Telephone</b> _____
<b>Describe need for intimate care</b>		

Daily care requirements and plan for care	
Staff involved in daily care requirements	
What constitutes an emergency for the child	
Action to be taken in the event of an emergency for the child.	

Date \_\_\_\_\_

Review date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Head Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

**This will be reviewed at least annually or earlier if the child's needs change**

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[illegible]