

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> <table> <tr> <td><b>Family Contact No.1</b></td> <td><b>Family Contact No.2</b></td> </tr> <tr> <td>Name _____</td> <td>Name _____</td> </tr> <tr> <td>Telephone (work) _____</td> <td>Telephone (work) _____</td> </tr> <tr> <td>Telephone (home) _____</td> <td>Telephone (home) _____</td> </tr> <tr> <td>Telephone (mobile) _____</td> <td>Telephone (mobile) _____</td> </tr> </table>		<b>Family Contact No.1</b>	<b>Family Contact No.2</b>	Name _____	Name _____	Telephone (work) _____	Telephone (work) _____	Telephone (home) _____	Telephone (home) _____	Telephone (mobile) _____	Telephone (mobile) _____
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Telephone (work) _____	Telephone (work) _____										
Telephone (home) _____	Telephone (home) _____										
Telephone (mobile) _____	Telephone (mobile) _____										
<b>Clinic/ Hospital Contact</b> <table> <tr> <td>Name _____</td> <td>GP Contact</td> </tr> <tr> <td>Telephone _____</td> <td>Name _____</td> </tr> <tr> <td></td> <td>Telephone _____</td> </tr> </table>		Name _____	GP Contact	Telephone _____	Name _____		Telephone _____				
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Telephone _____	Name _____										
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<b>Describe need for intimate care</b>											

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

**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**

## Record of Intimate Care administered to an individual child

<b>School</b>	
<b>Pupil Name &amp; Address</b>	
<b>Date of Birth</b>	