

Intimate Care Plan

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

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

