



APPENDIX A

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

Child's Name: _____

D.O.B.: _____

I understand that:

I give permission to the school to provide appropriate intimate care support to my child
e.g. changing soiled clothing, washing, toileting etc.

I will advise the Headteacher of any medical complaint or reasons my child may have
which affects any issue relating to provision of intimate care.

Name: _____

Signature: _____

Relationship to Child: _____

Date: _____

*Copy for Child's Record
Copy for Parent/Carer*