



Richmond Avenue Primary & Nursery School

Intimate Care Plan

Name of child:	
Name of person(s) to support toilet visits/ change the child:	
Name of person(s) to change the child if main adults unavailable:	
Where changing will take place:	
What resources and equipment will be used:	
Who will provide the resources and equipment that will be used:	
Disposal of products in:	
Infection control measures:	
Special arrangements for trips/ outings:	
When will the plan be reviewed:	
Review comments:	

If the child is unduly distressed, a member of staff will contact the parent/carer.

**If the above named member of staff is not available due to illness or staff training, then another person, familiar to the child will attend to the child's needs.*

SLT approval:

Date:



Intimate Care Plan Agreement

The parent:

- I agree to ensure that the child is changed at the latest possible time before being brought to school.
- I will provide the school with spare nappies or pull ups, wipes and changes of clothing that can be kept in school.
- I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes.
- I agree to inform the school should the child have any marks/rash.
- I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.
- I agree to review arrangements should this be necessary

Signed: (parent/carer)

The school:

- We agree to change the child during a single session should the child soil themselves or become wet.
- We agree to monitor the number of times the child is changed in order to identify progress made.
- We agree to report should the child be distressed, or if marks/rashes are seen.
- We agree to review arrangements should this be necessary.

Signed: (Teacher / SLT)

Name: (Teacher / SLT)

Date:.....