

**SCHOOL NAME**

**Intimate/Personal Care Plan**

<b>Child's Name:</b>	<b>Date:</b>
Nominated Staff:	
<b>Main areas of need: these could include</b> <ul style="list-style-type: none"><li>• <b>Changing pad</b></li><li>• <b>Wiping bottom</b></li><li>• <b>Cleaning J after he has emptied his bowels</b></li><li>• <b>Changing his clothes</b></li></ul>	
<b>Detailed Plan:</b> (refer to any toileting plans, dressing or undressing and medical needs)	
This plan was written by _____ on _____	
This plan was agreed with parents/carers on _____	
The child's views were sought for this plan on _____	
(if not, please state why not):	
Signed (Headteacher) _____ Date _____	
Signed (TA, Support staff) _____ Date _____	
_____ Date _____	
_____ Date _____	
Signed (Parent/carer) _____ Date _____	