

SCHOOL NAME

Intimate/Personal Care Plan

Child's Name:	Date:
Nominated Staff:	
Main areas of need: <ul style="list-style-type: none">• Changing pad• Wiping bottom• Cleaning Benjamin after he has emptied his bowels• Changing his clothes	
Detailed Plan: (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 _____	