**A logo of a school

Description automatically generatedIndividual Toileting and Intimate Care Plan**

|  |  |
| --- | --- |
| Name of Child |  |
| Summary of Toileting Needs |  |
| Summary of any medical information shared    *Preferably written documentation from professionals involved in the child’s care e.g. GP or Health Visitor* |  |
| Where changing will take place |  |
| What items will be used e.g. wet wipes and who will provide these?    *Usually the parent/carer* |  |
| Any specific needs relating to the child |  |
| Special arrangements for trips/outings |  |
| Agreed target for this Care Plan |  |
| How often will the plan be reviewed?    *Usually this will be every half term* |  |
| Date of Review |  |

**Intimate Care Plan Agreements**

***The Parent/Carer:***

* I agree to ensure that my child will be encouraged to go to the toilet at the latest possible time before being brought to school in the morning.
* I will provide the school with wet wipes and any other changing items required.
* I will provide the school with spare underwear and clothes.
* I will return any items provided by the school in an emergency e.g. spare skirt. Items will be washed before being returned.
* I understand and agree the procedures that will be followed when my child is changed at school.
* I agree to inform the school of any significant changes affecting my child.
* I agree to review these arrangements every half term.

**Signed:   ……………………………………………………… (Parent/Carer)**

**Date:       ………………………………………………**

***The School:***

* 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 every half term.

**Signed: ……………………………………………………. (Member of Staff on behalf of the School)**

**Date: ……………………………………………………**