**Individual Toileting and Intimate Care Plan**

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| --- | --- |
| 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: ……………………………………………………**