

Intimate Care Parental Consent Form



This form is to be completed by the **relevant Lead(s)** and signed by parents.

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|-------------------------------|--|-----------------------|--|
| Name of child: | | Date of birth: | |
| Name of class teacher: | | Class: | |

Care requirements, including frequency:

The table below outlines the member of staff responsible for carrying out your child's intimate care programme, as well as the member of staff responsible in their absence:

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|--|--|
| Name of staff member: | |
| Name of staff member (in the above staff member's absence): | |

Where will the intimate care be carried out?

What equipment/resources will be required?

What infection control procedures are in place?

What disposal procedures are in place?

What actions will be taken if any concerns arise?

What do parents need to provide?

What are the reporting procedures for parents?

I have read the Early Years Intimate Care Policy provided by Basildon C.E. Primary School and I agree to the intimate care plan outlined above:

| | | | |
|---------------------------------|--|--------------|--|
| Signature of parent: | | Date: | |
| Signature of Class Lead: | | Date: | |
| Signature of EYFS Lead: | | Date: | |