



Clenchwarton, Walpole Cross Keys & West Lynn Primary Schools

Intimate Care Permission Form for Soiling

Pupil's Personal Details	
Full Name:	
Date of Birth:	Parent/Carer name:
Address:	

I/We give permission for school to provide intimate care to my/our child. This may involve staff helping to clean / change my child in the event of them soiling themselves.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example).

I/We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

Signature: _____

Name: _____

Relationship to child: _____

Date: _____