



# INTIMATE CARE PLAN

|                                     |  |
|-------------------------------------|--|
| <b>CHILD OR YOUNG PERSON'S NAME</b> |  |
| <b>D.O.B</b>                        |  |
| <b>YEAR GROUP</b>                   |  |
| <b>EDUCATIONAL SETTING</b>          |  |

**DATE OF PLAN:** \_\_\_\_\_

**PLANNED REVIEW DATE:** \_\_\_\_\_

(The plan should be reviewed at least annually or more frequently if the child's situation changes)

**Name and role of person(s) completing plan:** \_\_\_\_\_

## Family contact information

|                            |  |
|----------------------------|--|
| <b>PARENT/CARER 1 NAME</b> |  |
| RELATIONSHIP TO CHILD      |  |
| TELEPHONE NUMBER           |  |
| EMAIL                      |  |
| <b>PARENT/CARER 1 NAME</b> |  |
| RELATIONSHIP TO CHILD      |  |
| TELEPHONE NUMBER           |  |
| EMAIL                      |  |
| <b>SIBLINGS' NAMES</b>     |  |



### Healthcare contacts

|                                    |  |
|------------------------------------|--|
| <b>SPECIALIST NURSE</b>            |  |
| <b>CONSULTANT</b>                  |  |
| <b>GENERAL PRACTITIONER</b>        |  |
| <b>HEALTH VISITOR/SCHOOL NURSE</b> |  |

### Education contacts

|                                |  |
|--------------------------------|--|
| <b>CLASS TEACHER</b>           |  |
| <b>SENCO</b>                   |  |
| <b>OTHER KEY SUPPORT STAFF</b> |  |

### Introduction to child/young person

Give brief details of child's interests, behaviour and relevant conditions, e.g. speech and language, mobility.

### Description of continence issues

### Goals for continence management



### **Medication**

If any medication needs to be taken in nursery/school refer to the nursery/school's medical policy and follow relevant procedures.

### **Management and description of relevant routines**

Consider details of drinking, toileting and changing routines, aides required, language used for consistency with home and any reward incentives

### **Details of help required for personal care, who will provide this, where and how**

### **Arrangements for sporting activities, school visits/trips etc.**

### **Details of staff training required/undertaken**

Consider who has been trained, the training given, by whom with dates and signatures of trainer and staff member along with training requirements going forward



### Emergency situations

Describe what would constitute an emergency for the child and what action should be taken.  
Nurseries/schools should always act in line with their safeguarding, medical and first aid policies.

Name of parent/carer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of school representative: \_\_\_\_\_

Role/job title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of child/young person: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_