

School Name:

Child's Name:

Child's Date of Birth:

Child's School Year:

Child's Class Teacher & Support Staff:

Partnership Agreement and Consent for
Intimate Care for a Child/Young Person

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is to be provided and that staff have received any appropriate training that may be relevant. Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided a copy; an additional copy is to be retained on the child's file in school and where appropriate a copy is to be provided for the child's medical record.

Reasons why intimate care will be provided:

Who will provide this care (please details names and designation of those staff who will be providing care):

Detail of care to be provided:

Parental Agreement:

I/ We give permission for the school to provide intimate care to my/ our child.

I/ We agree to this plan and consent to procedures identified.

I/ We will inform the school of any changes that may affect my/ our child's intimate care (e.g. if medication has changed or my/ our child has an infection).

I/ We will contact the school immediately if there are any concerns.

Name of Parent/ Carer(s):

Relationship to child:

Signature of Parent/ Carer(s):

Date: _____

Schools Agreement:

We agree to inform parents/ carer(s) of any concerns we have with regard to intimate care of their child.

We agree to inform parents/ carers of any changes in staff, procedure or any changes to this plan or our school intimate care policy.

We agree to treat all children with dignity and respect by providing appropriate support with intimate care professionally and with sensitivity.

Name of ALNCo: _____

Signature of ALNCo: _____

Date: _____

A review of this agreement will be made on: _____

Outcome of review: (please detail any changes to the plan moving forward and produce a new Individual Intimate Care Plan as required):
