|  |
| --- |
| **Intimate Care – Permission Form** |

|  |
| --- |
| **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.

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:   /  /