**Intimate Care Plan**

**Personal and Family Details**

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year / Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details Priority 1

Name:

Relationship to child:

Phone number 1:

Phone number 2:

Contact details Priority 1

Name:

Relationship to child:

Phone number 1:

Phone number 2:

|  |
| --- |
| Medical diagnosis / condition: |
| Nature of Personal Care: |

|  |
| --- |
| Procedure A (Include, what will be carried out, how and by whom) |
|  |

|  |
| --- |
| Procedure B (Include, what will be carried out, how and by whom) |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed by: |  | Relationship to child: | Parent/guardian /carer | Date: |  |
| Signed by: |  | Relationship to child: | Parent/guardian /carer | Date: |  |
| Signed by: |  | Relationship to child: | Carer/manager | Date: |  |