

Heltwate School



PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE

Child / young person's first name	
Child / young person's last name	
Male / Female	
Date of Birth	
Parent / Carers Name	
Address	

I understand that:

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting
- I will advise the Headteacher of any medical complaint my child may have which affects issues of intimate care

Name

Signature

Relationship to child

Date