

## PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

There may be occasions when your child may need support with intimate care routines. We have drawn up an Intimate Care Policy to ensure that your child's needs are met in a professional and dignified manner at all times. Please sign and return the slip below once you have read the guidelines and agree to the school carrying out 'intimate care' procedures when necessary.

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I have read a copy of the School's 'Intimate Care Policy.'

I agree to the school carrying out 'intimate care' on my son/daughter when necessary.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_

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