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## Intimate Care / Toileting Care Plan

<u>Child's Name</u>	<u>DOB</u>
<u>Condition needing the care plan</u>	
<u>Details of the assistance required</u>	
<u>Childs choices/opinions</u>	
<u>What is the child expected to do for themselves?</u>	
<u>Facilities and Equipment needed</u>	
<u>Number of Staff needed:</u>	
<u>Main Intimate Care Giver:</u>	



<u>Back up:</u>
<u>Training needed:</u>
<u>Training Given:</u>
<u>Date Care Plan to be Reviewed:</u>
<u>Arrangements for trips etc:</u>

Signed \_\_\_\_\_ Parent

Signed \_\_\_\_\_ Teacher

Signed \_\_\_\_\_ Main care giver

Signed \_\_\_\_\_ Dallington School