



PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

Child's Last name: _____

Child's First name: _____

Male/Female

Date of birth:

Parent/carers name: _____

Address: _____

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 Nursery staff of any medical complaint my child may have which affects issues of intimate care

Name.....

Signature.....

Relationship to child.....

Date.....