

Appendix 5

Permission form

**Permission for school to provide intimate care**

Pupil's name:.....

DoB:.....

Parent/Carer name(s):.....

Address:.....

.....

.....

I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care  
(if medication is changed or my child has an infection for example)

I/We understand the procedures that will be carried out and will contact the  
school immediately if there are any concerns.

Signature:.....

Name:.....

Relationship to child:.....

Date:.....