



Intimate Care Recording Form

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Date intimate care was Administered

Time intimate care was administered

Place where intimate care was administered

Details of child needing intimate care

Name :

Class :

Details of staff member who administered intimate care

Name:

Role: :

Details of other person present (if applicable)

Name:

Role: :

Description of intimate care administered

Comments (include any changes in the child's behaviour)

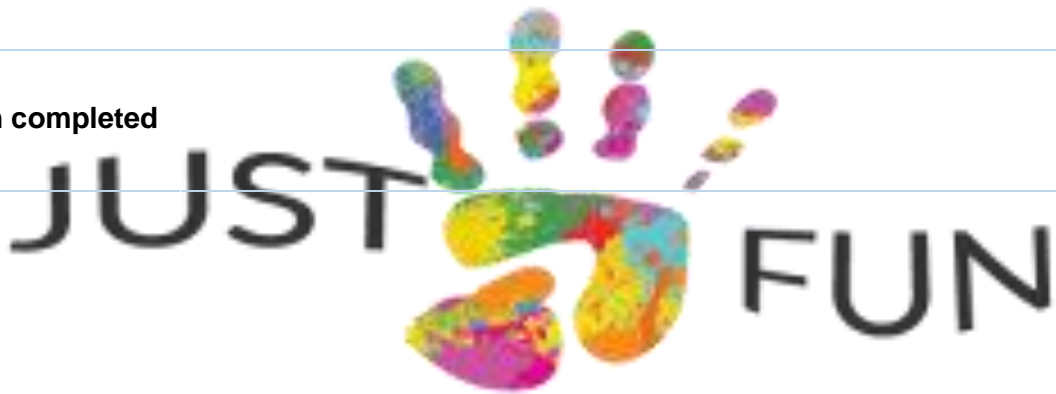
How were the parents initially informed (telephone, verbally in person, sealed copy of form in envelope)

Any other relevant information

Form completed by (name and role)

Date form completed

Signature



NOTE: Parent/Carer to receive a copy of this form for information.