KEREM EYU INTIMATE CARE PERMISSION FORM

Child's Full Name: _____

Date of Birth (DOB): _____

I, the undersigned, give permission for the staff at **Kerem EYU** to follow the **Intimate Care Policy** when assisting my child with toileting or changing their nappy, pull-up, or underwear as needed.

This includes permission to:

- Supervise and support my child in cleaning themselves after a wetting or soiling accident. This may involve staff members wiping my child if they are unable to do it for themself.
- Provide assistance with personal care when necessary, ensuring my child's dignity and comfort.

I understand that all care will be carried out respectfully and in line with the school's safeguarding procedures.

Parent/Guardian Name: _____

Signature: _____

Date: _____