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'walk as children of light'

Parental permission for intimate care

I give permission for to receive intimate care.

I understand that staff will support my child to be independent and that they will encourage my child to communicate their own personal needs effectively.

I understand that a full record log will be kept and that I will be informed, on the same day, of the intimate care my child is receiving.

I understand that permission will be reviewed annually.

Child's full name:

Parent/Guardian's name:.....

Signed:

Date:.....