Record of Intimate Care

This form is to be completed by attending staff, stored securely in the class area, and in accordance with the School's record management policy.

Name of child:		**Date of birth:**	
Name of class teacher:		**Class:**	

Date	Time	Nature of Change 1 Wet nappy 2 Solied nappy	Any concerns noted	Signed by attendant

Date	Time	Nature of Change 1 Wet nappy 2 Solied nappy	Any concerns noted	Signed by attendant