



**Halsford Park Primary School**

Manor Road, East Grinstead,

West Sussex, RH19 1LR

Tel: 01342 324643

**Mrs Claire Spencer – Headteacher**

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## **INTIMATE CARE PARENTAL AGREEMENT FORM**

**Child's name**.....

I agree to support the Intimate Care provided by Halsford Park Primary School

**Signature of Parent/Carer** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of School Representative** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Position** \_\_\_\_\_

## **Use of baby wipes**

## **PARENTAL AGREEMENT FORM**

In order for us to support your child in the event of a toileting accident, please indicate below whether you give consent for us to use baby wipes on your child and indicate any known allergies.

**Child's name**.....

**Class**.....

☐ I **DO** agree to the use of wipes

☐ I **DO NOT** agree to the use of wipes

**Known allergies:**.....

.....

**Signature of Parent/Carer** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_