This form is not intended for children who have complex continence issues, require urinary catheterisation or have a colostomy, or to replace state/territory education department care plans.

NAME OF STUDENT

DOB

CLASS/HOME GROUP

DATE OF NEXT REVIEW

NEXT OF KIN

RELATIONSHIP TO STUDENT

PHONE

MOBILE

Children with bladder and/or bowel control issues need support and understanding. They have a medical condition that causes them to wet and/or soil their pants. It is important for teachers and carers to understand that children are not being naughty or seeking attention.

**Continence issue:** (tick appropriate boxes)

- [□] Urinary incontinence
- [□] Faecal incontinence/faecal soiling
- [□] Needs to be allowed to use the toilet when he/she asks
- [□] Needs to be prompted to go the toilet every ________________
- [□] Needs to be able to use the toilet closest to his/her classroom
- [□] Needs to be able to have easy access to their bag to assist with clean up after incontinent episode
- [□] May require assistance to help with clean up
- [□] Will ask/be given assistance from ________________
  (This person to be nominated by school in consultation with parent or guardian)
- [□] Other ________________

(NAME) ___________________________________________ will supply the necessary equipment to assist with clean ups including wipes, gloves, a snap lock plastic bag for wet or soiled clothes and have a change of clothes available at school.

If the student appears to be using the toilet excessively during classroom time please contact his/her parent or guardian so issues can be discussed with their supporting health professional.

PARENT/GUARDIAN NAME

SIGNATURE

DATE

TEACHER/PRINCIPAL NAME

SIGNATURE

DATE

HEALTH PROFESSIONAL NAME

SIGNATURE

DATE

STUDENT NAME

SIGNATURE

DATE

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