



Continence Care Plan

To support children within the education system



National Continence Helpline 1800 33 00 66

www.continence.org.au

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 _____