

Robert Shaw Primary and Nursery  
Continence Care Plan Autumn 2024-25

Name	
Date of birth	
Year group	
Emergency contact name/number	
Identified need	
Resources (provided by parent /Carer)	
Resources (provided by setting /school)	
Action to be taken	
Staff involved	
Additional Information	
Signature of parent / carer and child (if appropriate)	
Signatures of school staff named	
Review date	

