

Emerging Minds

National Workforce Centre
for Child Mental Health

My baby's care plan



This plan contains information to be used in the care of my baby should I be temporarily unable to care for them.

PLEASE NOTE: This plan is not a legally binding document but it is preferable that all parents or legal guardians complete and sign the document. This will help to ensure that the family's wishes may be taken into account should the child require temporary care due to illness or hospitalisation of a parent or legal guardian.

I, _____
am the legal guardian of: _____
Date of birth: _____
Signature: _____
Date: _____

I, _____
am the legal guardian of: _____
Date of birth: _____
Signature: _____
Date: _____

I would like _____
to stay with one of the following adults
(listed in order of preference):

Name: _____
Relationship to my baby: _____
Phone number/s: _____

Name: _____
Relationship to my baby: _____
Phone number/s: _____

Name: _____
Relationship to my baby: _____
Phone number/s: _____

Name: _____
Relationship to my baby: _____
Phone number/s: _____

I have talked to the people listed and they have a copy of this plan.
 Yes No

Baby care plan

I do not wish for the following people to visit or care for my baby. (If there are any current court orders in place preventing a person from visiting or caring for your child, please attach)

Name: _____

Other information: _____

Name: _____

Other information: _____

Name: _____

Other information: _____

Please find the following information attached (one copy per child):

- Important people in my baby's life who may need to be contacted.
- Important information about my baby:
 - feeding
 - settling and sleeping
 - daily activities.
- Details of people who have a copy of this plan and can put it in place if a parent/legal guardian is hospitalised.

Important people in my baby's life who may need to be contacted

Family members:

Name: _____

Phone number/s: _____

Name: _____

Phone number/s: _____

Name: _____

Phone number/s: _____

Name: _____

Phone number/s: _____

Doctor:

Name: _____

Phone number/s: _____

Early childhood health centre:

Name: _____

Phone number/s: _____

Babysitter:

Name: _____

Phone number/s: _____

Other health workers:

Name: _____

Phone number/s: _____

Name: _____

Phone number/s: _____

Name: _____

Phone number/s: _____

Other/s:

Name: _____

Relationship to my baby: _____

Phone number/s: _____

Name: _____

Relationship to my baby: _____

Phone number/s: _____

Name: _____

Relationship to my baby: _____

Phone number/s: _____

Name: _____

Relationship to my baby: _____

Phone number/s: _____

Name: _____

Relationship to my baby: _____

Phone number/s: _____

Name: _____

Relationship to my baby: _____

Phone number/s: _____

Notes: _____

Important information about my baby

Baby's brothers and sisters' names and ages:

Medicare number:

Regular activities they are usually involved in (e.g. playgroup - days/times/details):

Medications or special health care my baby requires:

Vaccination due dates and details:

My baby has an allergic reaction to:

The allergic reaction will look like:

If this reaction occurs it is important to follow the following procedure:

Notes:

Feeding

My baby is currently:

Breast-fed

Details:

Bottle-fed

Details:

Taking solid food

Details:

My baby likes the following foods/drinks:

My baby dislikes the following foods/drinks:

Feeding routine

Breakfast:

Mid-morning:

Lunch:

Mid-afternoon:

Dinner:

Before bed:

Settling and sleeping

I've found the following useful in settling my baby (e.g. favourite toys, music, nursery rhymes):

My baby settles and sleeps best following this routine (e.g. sleep times, music, favourite toy, rock/pat/sing, lighting):

During the day my baby likes to:

The following actions or behaviours will indicate my baby is upset:

Please tell my baby that they are loved and respond to them when they are upset.

The following things may help if they are upset:

Notes:

In case of hospitalisation

If I'm hospitalised, I would like the following to occur, if possible:

- My baby to be brought to see me when I am feeling better.
- Photos of my baby brought/sent to me in the hospital.
- My baby to 'room-in' with me if/when I am feeling better.
- Regular photos/videos of my baby to be sent to me if I am too far away for visits.
- To speak to my baby regularly by phone when I am feeling better.
- My baby to be shown photos of me regularly.
- Other:

Please add any additional information you would like to make known here:

Please tell my baby that they are loved and respond to them when they are upset.

They may be upset after a visit. Please do not take this as an indication they should not visit, but rather that they miss the connection with me while I am in hospital and that they will need extra nurturing and support to re-settle.

The following things may help if they are upset:

Details of people who have a copy of this plan

Name: _____
Organisation (if applicable): _____
Phone number/s: _____

Name: _____
Organisation (if applicable): _____
Phone number/s: _____

Name: _____
Organisation (if applicable): _____
Phone number/s: _____

Name: _____
Organisation (if applicable): _____
Phone number/s: _____

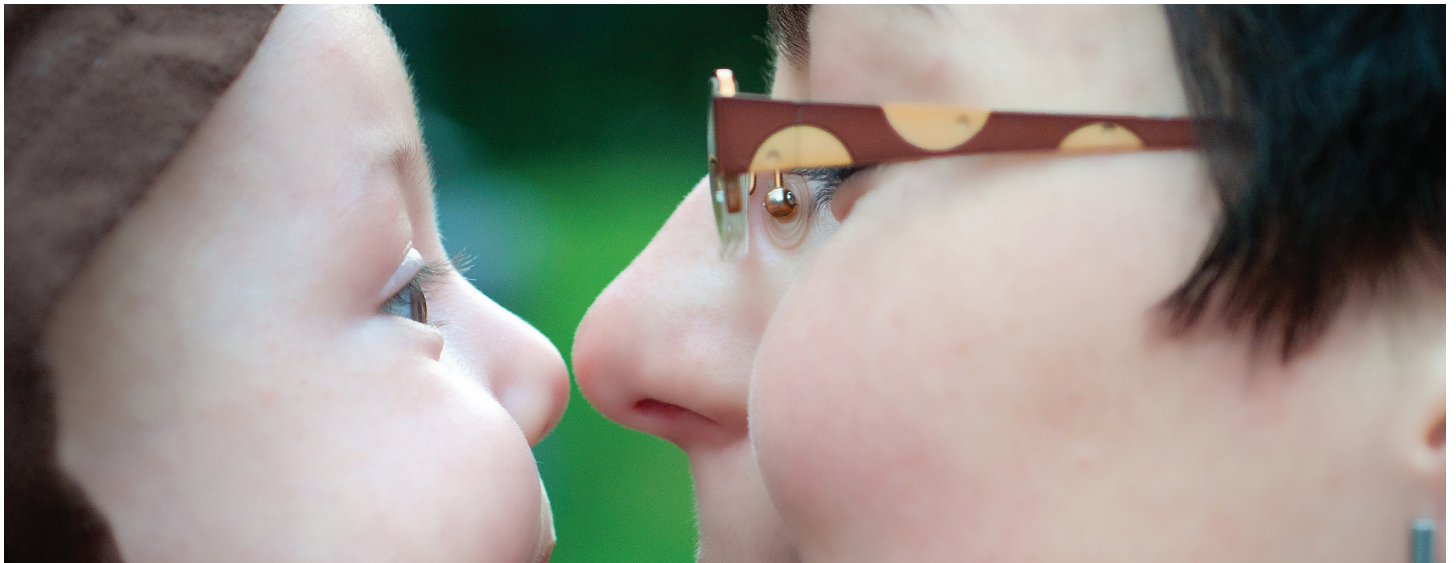
Name: _____
Organisation (if applicable): _____
Phone number/s: _____

Name: _____
Organisation (if applicable): _____
Phone number/s: _____

Name: _____
Organisation (if applicable): _____
Phone number/s: _____

Name: _____
Organisation (if applicable): _____
Phone number/s: _____

This plan was developed by the Children of Parents with a Mental Illness (COPMI) national initiative and reviewed by Emerging Minds in 2018. It is based on a children's plan developed by COMIC (Children of Mentally Ill Consumers) with the support of many people who assisted in its development and review. This is gratefully acknowledged.



Delivery partners:



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