

Emerging Minds

National Workforce Centre
for Child Mental Health

My child's care plan



This plan contains information to be used to help care for my child 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: _____
Signature: _____
Date: _____

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

I/We would like _____
to stay with one of the following adults:

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

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

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

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

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

My child knows how to get to the carers house (e.g. bus, taxi, getting picked up).
 Yes No

I do not wish for the following people to visit or care for my child. (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):

- Key people in my child's life who may need to be contacted.
- My child's health needs.
- My child's regular activities.
- About my child.
- Staying connected when we are apart.
- Things that will make it easier for my child if they are staying away from home.
- Details of people who have a copy of this plan.

Key people in my child's life

Brothers/sisters' names and ages:

Key family members/other important people (e.g. grandparents, aunts, uncles, etc.):

Name: _____

Relationship: _____

Phone number/s: _____

Doctor:

Name: _____

Phone number/s: _____

Support worker:

Name: _____

Phone number/s: _____

Child care centre:

Name: _____

Phone number/s: _____

School:

Name: _____

Phone number/s: _____

Teacher:

Name: _____

Phone number/s: _____

Babysitter:

Name: _____

Phone number/s: _____

Others:

Name: _____

Phone number/s: _____

My child's regular activities

Here is a calendar to detail the things your child does each week (e.g. after school activities, seeing friends, appointments, etc.). Use this to discuss the routines that can be maintained for your child when you are not there. You may have people who can help your child to attend some of these activities. In this case, include their names and contact details.

Monday:

Morning:

Afternoon:

Evening:

Tuesday:

Morning:

Afternoon:

Evening:

Wednesday:

Morning:

Afternoon:

Evening:

Thursday:

Morning:

Afternoon:

Evening:

Friday:

Morning:

Afternoon:

Evening:

Saturday:

Morning:

Afternoon:

Evening:

Sunday:

Morning:

Afternoon:

Evening:

About my child

Favourite and/or disliked foods/drinks:

Favourite TV shows, movies, books or magazines:

Foods they are allergic to:

Favourite music, bands, sports or sporting team:

Hobbies and things they like to do to relax:

My child's friends and places they can go to play:

Cultural or religious customs (e.g. do they go to church?
When and where?):

Other details:

About my child's favourite things

Having familiar things is important to help my child feel secure (e.g. favourite clothes, a family photo, school bag, books, school uniform, own pillow, favourite toy, toothbrush, diary, music).

Helpful items:

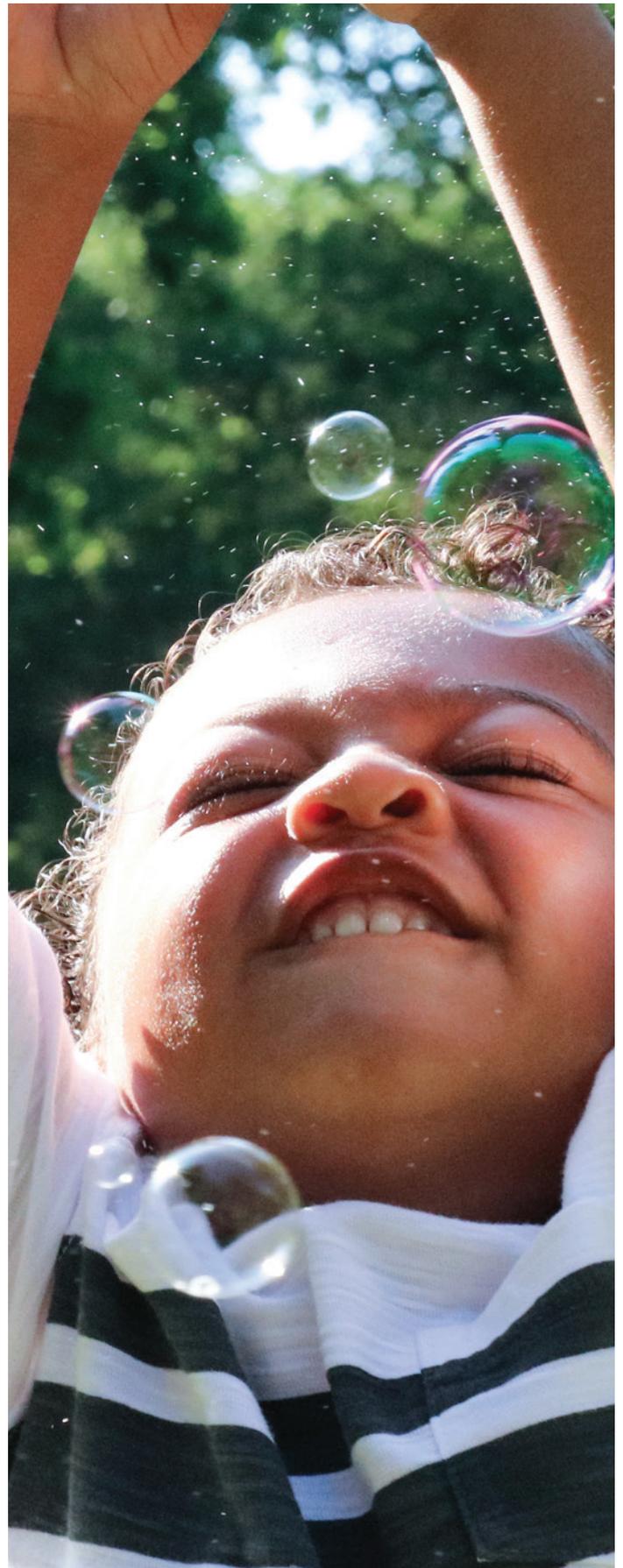
Details of people who have a copy of this plan:

Name:

Organisation (if applicable):

Phone number/s:

This plan was developed by the Children of Parents with a Mental Illness (COPMI) national initiative and updated by Emerging Minds in 2018. It is based on a children's plan 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:



The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program

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