

**Emerging
Minds.**

National
Workforce
Centre for Child
Mental Health

My child's care plan



This plan contains information to support care for my child if I am 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:

Name: _____
Relationship: _____
Phone number/s: _____

Name: _____
Relationship: _____
Phone number/s: _____

Name: _____
Relationship: _____
Phone number/s: _____

Name: _____
Relationship: _____
Phone number/s: _____

Name: _____
Relationship: _____
Phone number/s: _____

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: _____

Name: _____
Phone number/s: _____

Name: _____
Phone number/s: _____

Name: _____
Phone number/s: _____

My child's health needs and information

My child has an allergic reaction to (and details):

My child's Medicare number:

My child's medical records are held at the following clinic:

The allergic reaction will look like:

The doctor they are most familiar with is:

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

My child's regular appointments
(e.g. medical or therapy appointments):

Instructions/further details:

Medications or special health care requirements:

My child's regular activities

This weekly calendar helps detail the routines and activities that are important to your child (e.g. after school activities, seeing friends and any upcoming appointments). It helps your support people maintain your child's routines while you are not there. Include people who may be able to support the carers in keeping these routines, such as parents of your child's friends who may be able to take your child to their sporting commitments. When daily activities are predictable and routines are maintained, children feel safe and secure because they know what to expect.

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:

Staying connected when we are apart

If a parent/legal guardian is hospitalised, I would like the following options to be discussed with my child, if possible:

- Child to visit when parent/legal guardian is feeling well enough.
- Child to speak with the parent/legal guardian by phone when the parent/legal guardian is feeling well enough.
- Child to be shown photos of the parent/legal guardian regularly.
- The opportunity for the child and parent/legal guardian to write to one another.
- Other:

If my child is upset the following things might help:

When you are communicating with my child:

- Please allow them to express their worries and concerns.
- Please listen and show understanding. Please do not tell them they are being 'silly' or negate their feelings or worries.
- Please do not tell them to 'grow up' or 'be brave'.
- Please tell them they are loved very much.

Other things:

Things that will make it easier for my child if they are staying away from home:

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: _____

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 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.

