Emerging Minds.

National Workforce Centre for Child Mental Health

Care plan for children and young people



My details

If my parent or legal guardian is unwell or I am worried or upset I should call:

About me

My phone number/s:	
My parent's phone number/s:	
Name:	
Number:	
Name:	
Number:	
Other family members' phone numbers	s:
Other family members' phone numbers	S:
Name:	S:
Name: Number:	S:
Name: Name:	S:
	S:

My address:	If my parent or legal guardian gets unwell and I need to stay with someone else for a while, it will be one of these people:
	Name:
	Number:
Date of birth:	Name:
Date of Sirth.	Number:
Brothers' and sisters' names and ages:	Name:
	Number:
	Name:
	Number:
My school/child care:	These people have agreed it is ok for me to stay with them. Yes No
Name:	My parent has agreed it is ok for me to stay with them. Yes No
Number: Please ask to speak to:	I know how to get there (e.g. bus, taxi, getting picked up). Yes No
Year/grade:	My parent knows how to contact me if I am there. Yes No
My doctor's name and phone number:	Things I will take with me if I am staying away from home:
Name: Number:	E.g. favourite clothes, a family photo, school bag, school books, school uniform, my own pillow, favourite toy, toothbrush, diary, music.
	toothorush, alary, music.
Name:	
Number:	
My Medicare number:	
My medication (if I take any):	
	When I am worried or upset you will notice that I:
My allergies:	
	Please help me to feel supported by:
Illnesses or special conditions that I have:	

Things I like and dislike

Here is some information about what I like:	
My favourite and/or disliked foods/drinks:	My favourite TV shows and movies:
My hobbies and stuff I like to do to relax:	My favourite books or magazines:
The things I dislike or may make me worried, frightened or upset:	My favourite music or bands:
My cultural or religious customs (e.g. do you go to church? When and where?):	My favourite sports or teams:

Organising my week	Thursday:
Here is a calendar to fill in the things you do each week (e.g. after school activities, seeing friends, appointments, etc.):	Morning:
	Afternoon:
Monday:	
Morning:	Evening:
Afternoon:	
	Friday:
Freedom	Morning:
Evening:	
	Afternoon:
Tuesday:	
Morning:	
	Evening:
Afternoon:	
	Saturday: Morning:
Evening:	Morning.
	Afternoon:
Wednesday:	
Morning:	Evening:
Afternoon:	
	Sunday:
	Morning:
Evening:	Afternoon:
	Evening:

Finances

Where will I get money from?

Talk to your parent or carer about accessing money should you need some. You can speak to your school counsellor to find out if you are eligible for financial assistance to help you through this time.

Bus:

Lunch:

School expenses:

Music or sport lessons:

Other:

Staying connected

If my parent or legal guardian goes to hospital, I know that I will be able to:

visit when they are well enough

speak with them regularly by phone when they are feeling well enough

see photos of them regularly

write to them

Other:

Signatures

Me:

Name:

Signature:

Parent/legal guardian:

Name:

Signature:

Parent/legal guardian:

Name:

Signature:

Support worker:

Name:

Signature:

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

