Family Care Plan

**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/ren require temporary care due to illness or hospitalisation of a parent or legal guardian.

This document is for completion by parents/guardians in consultation with the child/ren. It is a good idea to also complete the ‘Care Plan for Kids and Young People’ or a ‘Baby Care Plan’ with each child (available from [www.copmi.net.au/careplans](http://www.copmi.net.au/careplans)).

This plan contains information to be used in the care of my/our child/ren should I/we be temporarily unable to care for them:

Parent’s name
____________________________________________________

Phone
____________________________________________________

Parent’s name
____________________________________________________

Phone
____________________________________________________

Address/es

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Child’s name and date of birth

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Should I/we be temporarily unable to care for them, I/we would like the child/ren to stay with one of the following adults:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child/ren</th>
<th>Phone number/s:</th>
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</thead>
<tbody>
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</table>

This has been discussed with the people listed  □ Yes □ No

The child/ren know how to get there (e.g. bus, taxi, getting picked up)  □ Yes □ No

I/we know how to contact them if they are there  □ Yes □ No

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I/we do not wish the following people to visit or care for the child/ren.

If there are any current court orders in place preventing a person from visiting or caring for the child/ren, please attach.

<table>
<thead>
<tr>
<th>Name</th>
<th>Other information</th>
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Important people in the child/ren’s life who may need to be contacted:

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Name &amp; phone</th>
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<tbody>
<tr>
<td>Support worker</td>
<td>Name &amp; phone</td>
</tr>
<tr>
<td>Child care centre</td>
<td>Name &amp; phone</td>
</tr>
<tr>
<td>Baby sitter</td>
<td>Name &amp; phone</td>
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</tbody>
</table>

www.copmi.net.au
Other
Name & phone __________________________________________

Other
Name & phone __________________________________________

Other important information:

Child/ren’s school details (name and grade/year)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Child/ren’s names and Medicare numbers

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Regular activities the child/ren are usually involved in (e.g. sport, playgroup – days/times/details)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Medications or special health care requirements (e.g. allergies, illnesses)
**Calendar:**

Here is a calendar to detail the things your child/ren do each week (e.g. after school activities, seeing friends, appointments, etc.)

<table>
<thead>
<tr>
<th></th>
<th>Morning</th>
<th>Afternoon</th>
<th>Night</th>
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<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>Tuesday</td>
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<tr>
<td>Sunday</td>
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</table>
If a parent/guardian is hospitalised, I/we would like the following to occur if possible:

☐ Child/ren to visit when parent/guardian is well enough
☐ Photos of the child/ren to be brought/sent to the hospital
☐ Regular photos/videos of the child/ren to be sent if the hospital is too far away for visits
☐ To speak with the child/ren regularly by phone when parent/guardian is well enough
☐ The child/ren to be shown photos of the parent/guardian regularly
☐ The opportunity for the child/ren and parent/guardian to write letters to one another
☐ Other ____________________________________________________________

______________________________________________________________

______________________________________________________________

Please add any additional information here:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
Signatures:

I, ____________________________________________, am the legal guardian of

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________(children’s names)

Signature__________________________________ Date________________________

I, ____________________________________________, am the legal guardian of

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________(children’s names)

Signature__________________________________ Date________________________

Details of people who have a copy of this plan:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation (if applicable)</th>
<th>Phone</th>
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This plan was developed by COPMI with funding from the Australian Government.