

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).

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:

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

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

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.

Name	Other information
_____	_____
_____	_____
_____	_____

Important people in the child/ren's life who may need to be contacted:

Doctor Name & phone _____

Support worker Name & phone _____

Child care centre Name & phone _____

Baby sitter Name & phone _____

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)

Calendar:

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

	Morning	Afternoon	Night
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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:

Name	Organisation (if applicable)	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____