



My child's care plan



COPMI
Children of Parents
with a Mental Illness

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My child's care plan

This plan contains information to be used to help care for my child/ren when I/we are 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/ren 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 _____ (child's name) to stay with one of the following adults:

Name	Relationship to the child	Phone number/s

I/we have talked to the people listed and they have a copy of this plan. Yes No
The child/ren know how to get to the carers house (e.g. bus, taxi, getting picked up). Yes No

I/we do not wish the following people to visit or care for my/our 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

Attached please find information about: (One 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