

Baby Care Plan



*PLEASE NOTE: This plan is not a legally binding document but it is preferable that if your baby has two parents or legal guardians **BOTH** of you complete and sign it if at all possible. This will help to ensure that your wishes may be taken into account should your baby require temporary care if you are unable to care for him or her due to illness or hospitalisation.*

This plan contains information to be used in the care of my/our baby should I/we be temporarily unable to care for him/her.

To be completed by parent/s or guardian/s:

I, _____, am the legal guardian of
_____ (baby's name). (Birth date: / /)

Signature **Date**.....

I, _____, am the legal guardian of
_____ (baby's name).

Signature **Date**.....

I/we would like _____ (baby's name) to stay with one of the following adults:

Name	Relationship to the baby	Phone number/s:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tick this box to show that this has been discussed with the people listed

I/we do not wish the following people to visit or care for my/our baby. (If there are any current court orders in place preventing a person from visiting or caring for your baby, please attach details).

Name

Other information

Important people in my baby's life who may need to be contacted:

Doctor Phone _____

Early childhood health centre Phone _____

Other health workers Phone _____

Child care centre/family day care giver Phone _____

Babysitter Phone _____

Other/s Name

Relationship to the baby

Phone number/s:

Other important information about my baby:

Baby's brothers and sisters names and ages

Medicare number _____

Regular activities he/she is usually involved in (e.g. playgroup – days/times/details)

Medications or special health care my baby requires

Vaccination due dates and details

Feeding:

My baby is currently

- Breast-fed Details: _____
- Bottle-fed Details: _____
- Taking solid food Details: _____

My baby **likes** the Details: _____
following foods/drinks

My baby **dislikes** the Details: _____
following foods/drinks

My baby has an Details: _____
allergic reaction to

Settling:

I've found the following useful in settling my baby (e.g. favourite toys, music, nursery rhymes)

Sleeping routine:

My baby settles and sleeps best following this routine (e.g. sleep times, music, favourite toy, rock/pat/sing, lighting)

If I'm hospitalised, I would like the following to occur is possible:

- My baby to be brought to see me when I'm well enough
- Photos of my baby brought/sent to the hospital to have with me
- My baby to 'room-in' with me if/when I'm well enough
- Regular photos/videos of my baby to be sent to me if I'm too far away for visits
- To speak to my baby regularly by phone when I'm well enough
- My baby to be shown photos of me regularly
- Other _____

Please add any additional information here:

Details of people who have a copy of this plan:

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

This plan was developed by COPMI with funding from the Australian Government. It is based on a children's plan developed by COMIC (Children of Mentally Ill Consumers) with the support of many people who assisted in its development and review. This is gratefully acknowledged.