

# Care Plan for Kids and Young People



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

Name	Phone number
Kids Helpline	1800 55 1800
Emergency	000
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## About me:

Name \_\_\_\_\_

My phone number/s  
\_\_\_\_\_  
\_\_\_\_\_

My parent's phone number/s  
Name \_\_\_\_\_  
Number \_\_\_\_\_

My parent's phone number/s  
Name \_\_\_\_\_  
Number \_\_\_\_\_

Other family members' numbers  
Name \_\_\_\_\_  
Number \_\_\_\_\_

Name \_\_\_\_\_  
Number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_

My address

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Date of birth

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Brothers and sisters names and ages

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My school

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Year/Grade

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My doctor's name and phone number

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My Medicare number

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My medication (if I take any)

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My allergies

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Illnesses or special conditions I have

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If my parent gets unwell and I need to stay with someone else for a while, it will be one of these people:

**Name**

**Phone number**

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These people have agreed it is ok for me to stay with them  Yes  No

My parent/s has agreed it is ok for me to stay with them  Yes  No

I know how to get there (e.g. bus, taxi, getting picked up)  Yes  No

My parent knows how to contact me if I am there  Yes  No

**Things I will take with me if I am staying away from home:**

**Some ideas:** favourite clothes, a family photo, school bag, school books, school uniform, my own pillow, favourite toy, toothbrush, diary, music...

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**Here is some information about what I like:**

If you have to stay with someone else while your parent is unwell, it will help them to know a bit about you.

My favourite foods

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Foods I hate or am allergic to

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My hobbies and stuff I like to do to relax

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My cultural or religious customs (e.g. do you go to church? When are where?)

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My favourite TV shows and movies

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My favourite book or magazine

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My favourite music or band

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My favourite sport or team

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### Organising my week:

Here is a calendar to fill in the things you do each week (e.g. after school activities, seeing friends, appointments, etc.)

	Morning	Afternoon	Night
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### Where will I get money from?

Talk to your parents first, or ask your support worker to help you find out if you are eligible for financial assistance.

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### What do I need money for?

Bus \_\_\_\_\_

Lunch \_\_\_\_\_

School expenses \_\_\_\_\_

Music or sport lessons \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

### If my parent 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 well enough
- see photos of them regularly
- write letters to them
- Other

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### Please add any additional information here:

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**Signatures:**

**Me** Name \_\_\_\_\_ Signature \_\_\_\_\_

**Parent/carer** Name \_\_\_\_\_ Signature \_\_\_\_\_

**Parent/carer** Name \_\_\_\_\_ Signature \_\_\_\_\_

**Support worker** Name \_\_\_\_\_ Signature \_\_\_\_\_

**Date** \_\_\_\_\_

**Details of people who have a copy of this plan:**

<b>Name</b>	<b>Organisation (if applicable)</b>	<b>Phone</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____