

# Family Care Plan

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***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:

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)

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Child/ren's names and Medicare numbers

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

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Medications or special health care requirements (e.g. allergies, illnesses)

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## 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:**

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