

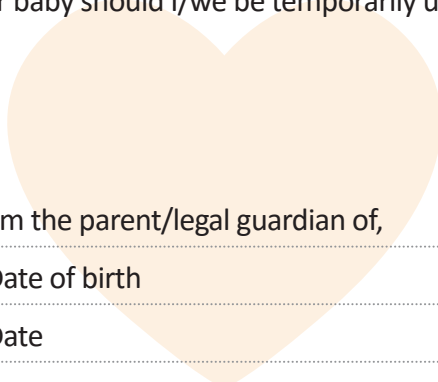


## Plan details

*PLEASE NOTE: This plan is not a legally binding document. It is preferable that if your baby has two parents or legal guardians BOTH of you complete and sign it. This will help to ensure that your wishes may be taken into account should your baby require temporary care.*

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 legal guardian/s



I, \_\_\_\_\_ am the parent/legal guardian of,  
(baby's name) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ am the parent/legal guardian of,  
(baby's name) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I/we would like \_\_\_\_\_ (baby's name)  
to stay with one of the following adults (listed in order of preference).  
\_\_\_\_\_

Name	Relationship to the baby	Phone number/s

Please tick the box to confirm that this has been discussed with the people listed above.

I/we do not wish for 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).*

<i>Name</i>	<i>Other information</i>

Please find attached the following information:

- Important people in my baby’s life who may need to be contacted (see attachment on page 3).
- Important information about my baby:
  - » Feeding
  - » Settling, sleeping
  - » Daily activities

(see Attachments 2 to 5 on pages 4 to 7)

- Details of people who have a copy of this plan and can put it in place if a parent/legal guardian is hospitalised.

(see Attachment 6 on page 8)

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

	Name	Phone number/s
Family members		
Doctor		
Early childhood health centre		
Other health workers		
Child care centre/ family day-care provider		
Babysitter		

Other/s name	Relationship to the baby	Phone number/s

## *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:

.....

.....

.....

My baby has an allergic reaction to:

.....

.....

.....

The allergic reaction will look like:

.....

.....

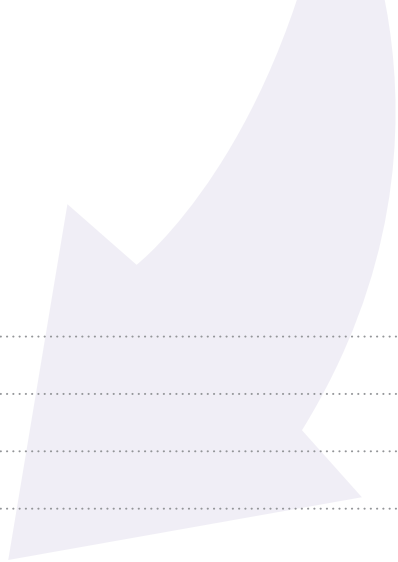
.....

If this reaction occurs it is important to follow the following procedure:

.....

.....

.....



## Baby's feeding – My baby is currently

Breast-fed      Details:

Bottle-fed      Details:

Taking solid food      Details:

My baby likes the following foods/drinks:

My baby dislikes the following foods/drinks:

## Feeding routine

Breakfast:

Mid-morning:

Lunch:

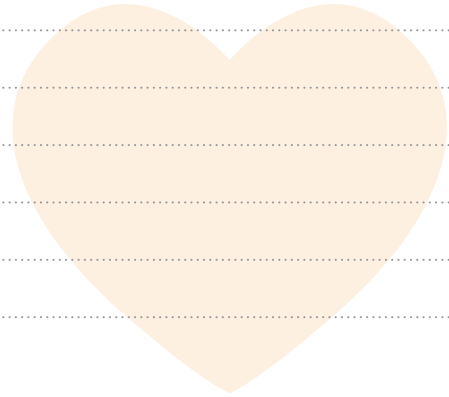
Mid-afternoon:

Dinner:

Before bed:

## *Baby's settling*

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



## *Sleeping routine*

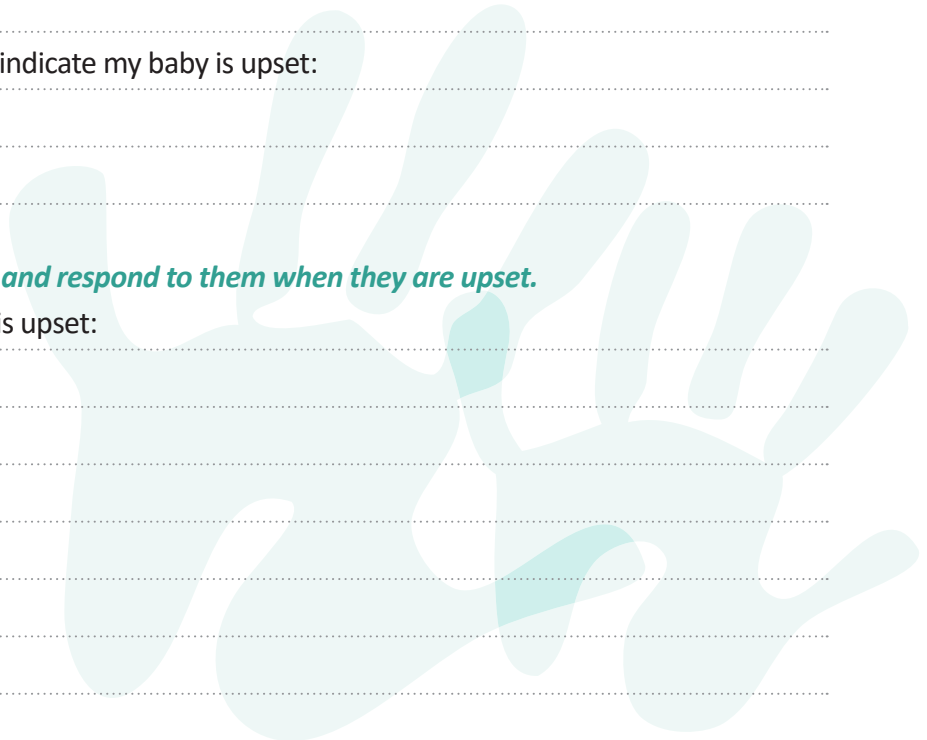
My baby settles and sleeps best following this routine (e.g. sleep times, music, favourite toy, rock/pat/sing, lighting):

During the day my baby likes to:

The following actions or behaviours will indicate my baby is upset:

***Please tell my baby that they are loved and respond to them when they are upset.***

The following things may help if he/she is upset:



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

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

*Please add any additional information you would like to make known here:*

*Please tell my baby that they are loved and respond to them when they are upset.*

He/she may be upset after a visit. Please do not take this as an indication they should not visit, but rather that they miss the connection with me while I am in hospital and that they will need extra nurturing and support to re-settle.

The following things may help if he/she is upset:

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

<i>Name</i>	<i>Organisation (if applicable)</i>	<i>Phone number/s</i>



This plan was developed by the Children of Parents with a Mental Illness (COPMI) national initiative. 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.

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