
	<p><b>Client Details</b></p> <p>UR No.: .....</p> <p>Name: .....</p> <p>Address: .....</p> <p>D.O.B:        /        /        Male <input type="checkbox"/>    Female <input type="checkbox"/></p> <p><i>(or affix patient ID label here)</i></p>	
--	---	--

# SUPPORTING OUR FAMILY

## A CHILD'S CARE PLAN

*While being a parent can be rewarding it can also be very challenging at times - more so if you or your partner are struggling with a mental health issue. Planning for your children's needs is important and ensures that you have a say in what happens to them should you become unwell.*

Supporting children (under the age of 12 years),  
young mental health carers (13 - 18 years of age)  
For a Baby Care Plan download from [www.copmi.net.au](http://www.copmi.net.au)

### Important Telephone Numbers

Parent's Mental Health Worker (Name and Number) \_\_\_\_\_

GP (Name and Number) \_\_\_\_\_

Kids Helpline \_\_\_\_\_ 1800 55 1800

Parentline \_\_\_\_\_ 1300 30 1300

Crisis Care \_\_\_\_\_ 131611

Lifeline \_\_\_\_\_ 131114

Emergency (Fire, Ambulance, Police) \_\_\_\_\_ 000

An initiative of COMIC (Children of Mentally Ill Consumers)

under the auspices of the Mental Illness Fellowship of South Australia

This Child’s Care Plan aims to help parents if they become unwell and are temporarily unable to care for their children. Please fill out your details and your children’s details. If you are unsure, ask your mental health worker, your Doctor, or a close trusted relative or friend for help.

It is important to include your child in the planning and ask for their input. It can be so reassuring for your child to know what will happen should you become unwell and either need respite or spend time in hospital.

Name of Child	Male/Female	Date of Birth	Medicare Number

Name of Parent or Other Primary Carer	Address	Phone No.	Mobile No.

Do any of your children have allergies?

Child’s Name	Allergy	Known Reaction	Treatment

Are any of your children on any current medication?

Child’s Name	Name of Medication	Dose of Medication	Times to be given

Are there any contact restrictions? (ie. CUSTODY Restrictions)


Do any of the children have any specific concerns or worries? This may include events which have previously happened in the child/young person’s life.

Child’s Name	Concerns or Worries

School Contact Details

Name of Child	Name of School, After School Care or Childcare	Teacher’s Name	Phone Number

Please list in order of preference, adult carers that your child/children can stay with if you need to go to hospital. Have you asked your child/children who they would prefer to stay with? Are these people aware that you have nominated them? (See Parent Checklist)

Child's Name	Name of Proposed Carer	Address	Phone No.

People to Notify and inform if you need to go to hospital

Name	Contact Details

Are there any cultural, religious, spiritual or language influences for the child/young persons?

Child's Name	Cultural, religious, spiritual or language influences

Family Doctor/s

Name	Practice	Phone No.

Mental Health Worker/s or other Support Services

Name	Place	Phone No.

Child/Children's Other Needs or special dietary requirements, i.e. diabetic, gluten free, lactose intolerant, etc.?

Child's Name	Food likes/dislikes Including baby formula details	Bedtime and other routines including settling routines	Special Toys Care of Pets (Add Pet's name).	Routine Commitments Sports etc. Pocket Money

## Parent Tick Checklist

(Tick when completed)

- ☐ I have informed my mental health worker that I have children
- ☐ I have informed my GP that I have children
- ☐ I have explained to my child what my illness is and how it can affect me
- ☐ I have completed a Child Care Plan for my children in case I need to go into hospital
- ☐ The adult carers that I have nominated to care for my children are in agreement to provide temporary care for my children if I am not able
- ☐ I have given a copy of a Child Care Plan to my mental health worker
- ☐ I have given a copy of a Child Care Plan to my GP
- ☐ I have given a copy of a Child Care Plan to their teacher/s
- ☐ Other people and organisations who have a copy of my Child Care Plan

Please list:

---

---

---

**If I become unwell and temporarily unable to care for my children,  
I give consent for this Child Care Plan to be actioned:**

Name of parent/carer:	Name of witness:
Signature of parent/carer:	Signature of witness:
Date:	Date:

### For further information:

COMIC (Children Of Mentally Ill Consumers) [www.howstat.com/comic](http://www.howstat.com/comic)  
COPMI (Children Of Parents with a Mental Illness) National Initiative [www.copmi.net.au](http://www.copmi.net.au)  
MIFA (Mental Illness Fellowship Australia) [www.mifa.org](http://www.mifa.org)  
Young Carers [www.youngcarers.net.au](http://www.youngcarers.net.au)

This Child Care Plan is a guide only. COMIC accepts no responsibility for people relying on, or using the information in this plan.

Produced in association with the Koping Forum and COMIC (Children Of Mentally Ill Consumers)

Kindly Funded by:



**COMIC**

Children of Mentally Ill Consumers  
under the auspices of the Mental Illness Fellowship of South Australia

[www.howstat.com/comic](http://www.howstat.com/comic)



Government  
of South Australia

SA Health



[http://www.health.qld.gov.au/rch/professionals/cymhs\\_early\\_interv.asp](http://www.health.qld.gov.au/rch/professionals/cymhs_early_interv.asp)