



# Baby Care Plan - Parents' Wishes

**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.

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

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.

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 usually does: (eg playgroup) – days/times/details**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications or special health care my baby requires:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vaccination due dates and details:**

\_\_\_\_\_

\_\_\_\_\_



## Feeding

### My baby is currently



Breastfed  Details: \_\_\_\_\_

Bottle-fed  Details: \_\_\_\_\_

Taking solid food  Details: \_\_\_\_\_

My baby likes the following foods/drinks  
Details: \_\_\_\_\_

My baby dislikes the following foods/drinks  
Details: \_\_\_\_\_

My baby has an allergic reaction to  
Details: \_\_\_\_\_

## Settling

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

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## Sleeping Routine

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

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

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**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 as part of the Children Of Parents with a Mental Illness (COPMI) initiative led by AICAFMHA (the Australian Infant, Child, Adolescent & Family Mental Health Association Ltd. ABN 87 093 479 022) for the Commonwealth Department of Health and Ageing. It is based on a children's plan concept developed by COMIC (Children of Mentally Ill Consumers) and the support of the many people who assisted in its development and review is gratefully acknowledged.

**Copies of the plan and related resource materials are downloadable from the AICAFMHA website <http://www.aicafmha.net.au/copmi>**

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