



Family Crisis Care Plan

This plan can be used in the case that children's legal guardian is unable to care for them temporarily due to mental illness or hospitalisation. It represents the intentions of the legal guardian at the time of creation, however, is not a legally binding document. Ideally, all legal guardians will be aware of, and in agreement with, this plan.

Parent Name:	Children's Names:	Children's Names:	
If I am temporarily unavailable to care for my children, I would like them to stay with one of the following consenting adults:			
Name:	Na	me:	
Relationship to children:_	Re	elationship to children:	
Contact Number:	Co	ntact Number:	
Address:	Ad	dress:	
I would like to exc	lude the following people from visit	ing or caring for my children:	
Name:	Name:		
Relationship to children:_	Relationship	Relationship to children:	
Are there any current co provide details:	ourt orders in place regarding care or visitation	n of your children? Please attach or	
Important informat	tion about my children:		
My children's daily routine	e (daycare, school, activities, food, bedtime, etc.):		
Things that help settle my	y children when upset (likes, dislikes, favourite to	ys or books, etc.):	
My children's health or me	edical needs:		
I would like to keep in tou	ch with my children via:		
Contact details for key pe	eople (school, doctor, etc.):		
Signature:	Clinician's Signature:		
Date:	Date of next review:	李本 祭 PROJECT AIR	

Copy for the: Client / Clinician / Temporary Carers / Children / Emergency / GP / School / Case Worker / Other (please specify)

