



Treatment Tools

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 Name: _____
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If I am temporarily unavailable to care for my children, I would like them to stay with one of the following consenting adults:

Name: _____	Name: _____
Relationship to children: _____	Relationship to children: _____
Contact Number: _____	Contact Number: _____
Address: _____	Address: _____

I would like to exclude the following people from visiting or caring for my children:

Name: _____	Name: _____
Relationship to children: _____	Relationship to children: _____

Are there any current court orders in place regarding care or visitation of your children? Please attach or provide details:

Important Information about my children:

My children's daily routine (daycare, school, activities, food, bedtime, etc.):

Things that help settle my children when upset (likes, dislikes, favourite toys or books, etc.)

My children's health or medical needs:

I would like to keep in touch with my child via:

Contact details for key people: (school, doctor, etc.)

Signature: _____	Clinician's Signature: _____	 PROJECT AIR A PERSONALITY DISORDERS STRATEGY
Date: _____	Date of next review: _____	
Copy for the: Client / Clinician / Temporary Carers / Children/ Emergency / GP/ School/ Case Worker/ Other (please specify)		