

Emergency Care Plan



This document provides vital information about the support needs of my child with disability and/or additional needs. It aims to ensure that another person can take over from me in the event that I am unable to care for my child for any reason.

This document has been developed by Kalparrin, with thanks to funding from the Department of Communities - Disability Services Western Australia.

This booklet can be downloaded from kalparrin.org.au/ecp or by scanning this QR code



This document has been created on behalf of:

Your child's name

On:

Today's date

By:

PRINT your name

Your signature

- I have distributed copies of this document to all emergency contacts, as listed on page 3 of this Emergency Care Plan.
- I have provided a copy of this document to my child's GP as listed on page 8 of this Emergency Care Plan.

This document should be updated annually or as and when your child's circumstances change.

Kalparrin

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Kalparrin is endorsed as a deductible gift recipient (DGR) under item 1 of the Income Tax Assessment Act 1997.

Emergency Care Plan

General Information

My Details

Name:

PRINT your full name

Email:

Your email address

Phone:

Your telephone number

Address:

Your residential address

Relationship:

Relationship to child

My Child's Details

Name:

PRINT your child's name

Date of Birth:

Your child's date of birth

Method of communication:

Verbal, device or sign

Gender:

- Male** **Identifies as**
- Female** **Prefer not to say**

Phone:

Your child's telephone number (if applicable)

Emergency Contacts and Arrangements

Please include child's other parent as applicable

Primary Emergency Contact:

PRINT the full name of your primary emergency contact

Relationship:

Emergency contact's relationship to your child

Email:

Email address of primary emergency contact

Phone:

Telephone number of primary emergency contact

Secondary Emergency Contact:

PRINT the full name of your secondary emergency contact

Relationship:

Emergency contact's relationship to your child

Email:

Email address of secondary emergency contact

Phone:

Telephone number of secondary emergency contact

Third Emergency Contact Name:

PRINT the full name of your third emergency contact

Relationship:

Emergency contact's relationship to child

Email:

Email address of third emergency contact

Phone:

Telephone number of third emergency contact

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Other important people in my child's life

Name:

PRINT full name

Relationship:

Relationship to your child

Email:

Email address

Phone:

Preferred contact number

Name:

PRINT full name

Relationship:

Relationship to your child

Email:

Email address

Phone:

Preferred contact number

Name:

PRINT full name

Relationship:

Relationship to your child

Email:

Email address

Phone:

Preferred contact number



Need more space to write?

You can write any additional information in the notes section starting on page 13.

Other arrangements to know about

If I am unable to care for my child, for whatever reason, I would like my emergency contacts to do the following:

If I am unable to care for my child, for whatever reason, I would like my emergency contacts to understand the following about my financial / legal arrangements:

I have a current and valid Will:

Yes No

The Executor of my Will is:

PRINT full name

Email:

Executor's email address

Phone:

Executor's contact number

Emergency Care Plan

About my child

My child has the following condition(s):

.....

.....

They have:

- | | | |
|--|---|---|
| <input type="checkbox"/> A physical disability | <input type="checkbox"/> A mental health condition | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> An intellectual disability | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> An acquired brain injury | |

Care and support needs

My child's equipment needs include:

.....

.....

.....

.....

My child needs:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Full time care | <input type="checkbox"/> Regular visits | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Partial care | <input type="checkbox"/> Meals only | |
- Is relatively independent but needs specific support as indicated below

.....

.....

On a day-to-day basis, my child needs help with:

List any additional activities in the rows provided.

Activity	Approx what time (if applicable)	On what days
Getting out of bed/moving around		
Showering/bathing		
Dressing		
Eating / Getting meals		
Going to the toilet		
Taking medicine		
Mental health / emotional issues		
Behaviours / calming strategies		
Getting to and from school / work		

Health information

My child's Medicare number is:

My child's Centrelink number is:

Ambulance fund/Registration number (if applicable):

Health insurance fund/Registration number (if applicable):

Medic-Alert number (if applicable):

Safety Net number (if applicable):

Concession Card:

Card type:	Card Number:
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Pharmacists and compounding chemists

Pharmacist:

Name of usual pharmacist / pharmacy

Address:

Address of pharmacy

Phone:

Telephone number of pharmacy

Compounding chemist (if applicable):

Name of usual compounding chemist

Address:

Address of chemist

Phone:

Telephone number of chemist

Behaviours

Things that upset my child or are likely to trigger behaviours include:

Signs that my child is distressed or that their behaviour is beginning to escalate include:

Things that I find are beneficial to help sooth or calm my child include:

Sensory needs:

Phobias:

Emergency Care Plan

A rough guide to my child's routines

Generally speaking, my child's daily routine might go something like this:

Weekdays:

Weekends:

Education and work

My child attends:

- Playgroup Day care Kindergarten
 School / College Home-schooled Work

School / workplace:

Name of educational institution / workplace that your child attends

Principal

Name of Principal / employer

Email (if known):

Email address of Principal / employer

Phone:

Telephone number of Principal / employer

My child gets to school / work by:

Other relevant information

A large rectangular area with a light orange background and a thin orange border. It contains 25 horizontal dashed orange lines, providing a space for handwritten or typed text.

Emergency Care Plan

Other relevant information

A large rectangular area with a light orange background and horizontal dashed lines, intended for writing additional information.

Other relevant information

A large rectangular area with a light orange background and horizontal dashed lines, intended for providing additional information.



Kalparrin

Parents of Children with Special Needs Inc trading as Kalparrin

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