

Consent

If a parent must be away for a while (e.g. in hospital), I/we would like the following to occur, if possible.

- ☐ Children to visit when parent is well enough
- ☐ To speak with the child/ren regularly by phone when parent is well enough
- ☐ The opportunity for the child/ren and parent to write to/email/text one another
- ☐ The opportunity for the child/ren and parent to have photos of each other
- ☐ Other

Please add any other information:

Signatures

This is not a legally binding agreement, but a plan to support children. Talk to staff about the privacy and confidentiality of the people mentioned in this plan, to make sure privacy is maintained.

I,, am the legal guardian of

.....

..... (children's names)

Signature..... Date.....

I,, am the legal guardian of

.....

..... (children's names)

Signature..... Date.....

Details of people who have a copy of this plan

Name	Organisation (if applicable)	Phone

This resource was developed by the Children of Parents with Mental Illness (COPMI) initiative and funded by the Australian Government. It has been adapted by the Whāraurau for trial purposes within selected services in New Zealand. Further information can be found at www.copmi.net.au | © aiCaFMHa 2012.