

Whilst I'm alive
I'm working hard
to be a dream
dead person!



You've nominated a guardian for your children in your will and ultimately this person will be responsible for taking care of and making decisions about your children in the event you become unwell or die and can't take care of them yourself.

Creating a letter of wishes or recording details about your child and their day to day needs can make the immediate transition into someone else's care significantly less stressful whilst also providing information that can help your guardian make longer term decisions.

HEALTH & MEDICAL CONTACTS

Practitioner	Name	Contact Details
General Practitioner		
Dentist		
Optometrist		
Other Specialist		
Other Secialist		
Notes Instructions:		

PRIMARY CONTACTS

Location	Name	Contact Details
School/Kindy/Carer		
After School Care		
Tutor / Support Worker		
Sports / Activities		
Church Youth Group		
Babysitter		

FRIENDS & TRUSTED PEOPLE CONTACTS

Person	Name	Contact Details
Close Friend		
Close Friend		
Close Friend		
Neighbour		
Neighbour		
Family Friend		
Family Friend		
Other Close Contact		
Other Close Contact		

FAMILY CONTACTS

Practitioner	Name	Contact Details
Grandparent/s		
Grandparent/s		
Aunt or Uncle		
Aunt or Uncle		
God Parent		

PERSONAL INFORMATION

The following documents can be found in a safe place...

Identification
Birth Certificate
Medicare Card
Passport Number [proof of citizenship if relevant]
Adoption Papers
Custody Orders
Medical Records
Vaccination Records
Details of major illnesses or surgeries
Asthma Management Plan or other health care plan
Medical or behavioural assessments
Other
Bank accounts in your child's name
NDIS assessment (or other)
School reports & correspondence
Photographs and other special memorabilia
Location of family heirlooms or important items for your child

MEDICAL PREFERENCES & INFORMATION

The following information should be used to help make decisions around my child's ongoing health care needs
I do not want my child to be vaccinated
Diagnosed medical conditions:
Genetic, hereditary or family health history:
Allergies or sensitivities:
Phobias or fears:
Concerns I have around their health or behaviour (undiagnosed):

BEHAVIOUR & QUIRKS
When I think of my child I see
Bedtime rituals & other special things we do together:
Favourite soft toys or other comfort items:
Signs they're tired or on the verge of a meltdown:
Fears and worries:
Fears and worries:

Activities and/or past times they love:
General likes and dislikes:
My child believes and we have the following traditions (ie Santa, Easter Bunny, Toothfairy):

MY WISHES FOR THE FUTURE

Relig	ion	
	I trust my child's guardian to make faith based decisions	
	I do not want my child raised with religious influence or within a faith	
	I wish for my child to be actively raised within the following faith	
Educ	eation	
	I trust my child's guardian to make education decisions	
	I wish for my child to be educated in the following way	
Deat	h & Illness	
	I want my child to visit me if I'm sick or dying	
	I want my child to be involved in planning my funeral	
	I want my child to attend my funeral	
	A person who could support them at my funeral is	
	I want my child to know the details of my death (at an appropriate age time)	
	I wish for my child to be given the following items of mine or kept to be given to them when they're older.	
-		
	I wish for my child to choose any items they'd like to remember me by unless those items have been bequeathed to someone else in my will.	

I'd be happy to think my child spent their inheritance on:	
I'd be unhappy to think my child had spent their inheritance on:	
I'd like my child to maintain a relationship with:	
I wish for these significant events to be recognised in some way (ie specific birthdays, wedding, graduation, confirmation, baptism, bat bar mitzvah etc)	
Other things I'd like my child to know about me or their life include:	
Date this information was last reviewed:	
Signature	
Signature	



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