## bayside-letterhead-aat (003)

## A YOUNG CARER:

## Is age 18 or younger

## Helps to care for someone at home

## YOUNG CARERS MAY BE REGULARLY HELPING A FAMILY MEMBER – ADULT OR CHILD - WHO HAS ANY OF THE FOLLOWING:

## A long-term illness, such as epilepsy or diabetes

## A physical disability, such as mobility issues or blindness

## A mental health condition, such as depression or bipolar disorder

## A substance use disorder, for example a drug or alcohol addiction

## A YOUNG CARER MAY HAVE TO DO ANY OF THE FOLLOWING JOBS:

## Help someone move from place to place

## Help someone wash or go to the toilet

## Help someone get dressed

## Cook Meals

## Do the housework

## Get the food shopping

## Collect benefits and prescriptions

## Give someone their medication or pills

## Go with someone to the doctor or hospital

## Take responsibility for a brother or sister

## Translate or interpret for someone

## Manage their family’s budget

## Cheer someone up or help them when they are feeling down

If you feel your son/daughter is a young carer please complete the form below and return it to your school office:

…………………………………………………………………………………………………………………

I would like to make the school aware that……………………………………………….. is a young carer.

Signed by parent/guardian: ………………………………….. Date: ………………………