Unified Referral and Intake System (URIS) Group B Application

In accordance with Section 15 of *The Personal Health Information Act* (PHIA), the purpose of this form is to identify the child's health care intervention(s) and apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. If you have questions about the information requested on this form, you may contact the community program.

Section I - Community	program information	(to be completed b	y the community program)
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	pe of community	Name of community program:								
pro	ogram (please √)	Contact person:								
	School	Phone:	Fax:							
	Licensed child care	Email:								
	Respite									
	Recreation program	Address (location where service is to be delivered):								
	1 0	Street:								
		City/Town:	POSTAL CODE:							

Section II - Child information

Last Name					First Name							_	Birthdate														
												l					I		J _	mont	th (p	rint)	D	D	Y	Y	ΥY
Also Known	As											1				<u> </u>			1								
Please check ($$) all health care conditions for which the child requires an intervention during attendance at the community program.																											
Life-thre	eateni	ng	alle	erg	y (a	and	chi	ld	is p	pre	sc	ribe	ed a	an	Epi	iPe	n)										
Does the	child b	orin	g ai	n Ep	oiPe	en to	the	CO	mm	nuni	ity	prog	Iran	n?] YE	ES] NC)	
Asthma	Asthma (administration of medication by inhalation)																										
Does the	child b	oring	g as	sthm	na m	nedi	catio	on (puf	fer)	to	the	cor	nm	unit	ty pi	rogr	am	?] YE	ES] NC)	
Can the c	hild ta	ke t	he	asth	nma	me	dica	tior	ר (p	uffe	er)	on h	nis/ł	ner	owr	า?					C] YE	ES] NC)	
G Seizure	☐ Seizure disorder																										
What type	What type of seizure(s) does the child have?																										
Does the	child r	equ	iire	adn	ninis	strat	ion	of r	esc	ue	me	edica	atio	n (e	.g., s	subli	ngua	al lora	azej	oam)	?] YE	S] NC)	
Diabete:	Diabetes																										
What type	e of dia	abet	tes	doe	s th	e cł	nild I	nav	e?] Ty	pe	1 [] Ty	/pe	2
Does the	Does the child require blood glucose monitoring at the community program?																										
Does the	Does the child require assistance with blood glucose monitoring?																										
Does the	child h	nave	e lov	w bl	ood	su	gar e	eme	erge	enci	ies	tha	t red	quir	e a	res	por	ise?	>] YE	S	Ľ] N	0	
Cardiac condition where the child requires a specialized emergency response at the community program.																											
What type	What type of cardiac condition has the child been diagnosed with?																										
Bleeding	g Diso	ord	er ((e.g.	, voi	n Wi	llebr	and	dis	eas	e, ŀ	nemo	ophi	lia)													
What type	e of ble	edi	ng	disc	orde	r ha	is th	e cl	hild	be	en	diag	gno	sed	wit	h? ⁻											



Steroid Dependence (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison's disease)								
What type of steroid dependence has the child been diagnosed with?								
Osteogenesis Imperfecta (brittle bone disease)								
Gastrostomy Feeding Care								
Does the child require gastrostomy tube feeding at the community program?								
Does the child require administration of medication via the gastrostomy tube								
at the community program?	□ YES □ NO							
Ostomy Care								
Does the child require the ostomy pouch to be emptied at the community program?	🗌 YES 🗌 NO							
Does the child require the established appliance to be changed								
at the community program?	🗌 YES 🗌 NO							
Does the child require assistance with ostomy care at the community program?	🗌 YES 🗌 NO							
Clean Intermittent Catheterization (IMC)								
Does the child require assistance with IMC at the community program?	🗌 YES 🗌 NO							
Pre-set Oxygen								
Does the child require pre-set oxygen at the community program?	🗌 YES 🗌 NO							
Does the child bring oxygen equipment to the community program?	🗌 YES 🗌 NO							
□ Suctioning (oral and/or nasal)								
Does the child require oral and/or nasal suctioning at the community program?								
Does the child bring suctioning equipment to the community program?	🗌 YES 🗌 NO							

Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for ______.

(child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

Parent/Legal guardian signature

Date