## 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) <u>and</u> 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 by the community program)			
Type of community Name of community program:			
program (please √) Contact person:	person:		
□ School Phone: Fax:			
□ Licensed child care □ Respite			
Recreation program Address (location where service is to be delivered):			
Street:			
City/Town: POSTAL CODE:			
Section II - Child information  Last Name First Name Birthdate			
month (print) D D Y	YY		
Also Known As			
Please check ( $$ ) all health care conditions for which the child requires an intervention during attendance at the community program.			
☐ Life-threatening allergy (and child is prescribed an EpiPen)			
Does the child bring an EpiPen to the community program?	0		
☐ Asthma (administration of medication by inhalation)			
Does the child bring asthma medication (puffer) to the community program?	0		
Can the child take the asthma medication (puffer) on his/her own?			
☐ Seizure disorder			
What type of seizure(s) does the child have?			
Does the child require administration of rescue medication (e.g., sublingual lorazepam)?   YES  NO			
☐ Diabetes			
What type of diabetes does the child have?	ype 2		
	10		
	10		
	10		
Cardiac condition where the child requires a specialized emergency response at the community program.			
What type of cardiac condition has the child been diagnosed with?			
☐ Bleeding Disorder (e.g., von Willebrand disease, hemophilia)			
- Dissuing Dissilute (c.g., von vinconana alscase, Nelliophilia)			



☐ Steroid Dependence (e.g., congenital adrena	al hyperplasia, hypopituitarism, Addison's	disease)
What type of steroid dependence has the child	d been diagnosed with?	
Osteogenesis Imperfecta (brittle bone	disease)	
☐ Gastrostomy Feeding Care		
Does the child require gastrostomy tube feeding	ng at the community program?	☐YES ☐ NO
Does the child require administration of medic	ation 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 applian	ce 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 co	ommunity program?	☐ YES ☐ NO
Does the child bring oxygen equipment to the		☐ YES ☐ NO
☐ Suctioning (oral and/or nasal)		
Does the child require oral and/or nasal suctio	ning at the community program?	☐ YES ☐ NO
Does the child bring suctioning equipment to t	he community program?	☐ YES ☐ NO
Section III - Authorization for the Release of Medical I authorize the Community Program, the Unified Referra serving the community program, all of whom may be progrelease medical information specific to the health care in physician(s), if necessary, for the purpose of developing Response Plan and training community program staff for	al and Intake System Provincial Office, an oviding services and/or supports to my ch nterventions identified above and consult g and implementing an Individual Health C	ild, to exchange and with my child's
I also authorize the Unified Referral and Intake System database which will only be used for the purposes of prodatabase may be updated to reflect changing needs and health information will be kept confidential and protected Privacy Act (FIPPA) and The Personal Health Information	ogram planning, service coordination and d services. I understand that my child's p d in accordance with <i>The Freedom of Info</i> on Act (PHIA).	service delivery. This ersonal and personal rmation and Protection o
I understand that any other collection, use or disclosure child will not be permitted without my consent, unless at	uthorized under FIPPA or PHIA.	•
Consent will be reviewed with me annually. I understan consent at any time with a written request to the community		amend or revoke this
If I have any questions about the use of the information directly.	provided on this form, I may contact the o	community program
Parent/Legal guardian signature	Date	
Mailing Address	Postal Code Phone nu	 ımber