UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP A 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 A.

Section I – Community program information (to be completed by the community program)

Type of community program (please √)	Name of community program:
☐ School ☐ Licensed child care ☐ Respite ☐ Recreation program	Contact person:
	Phone: Fax:
	Email:
	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 Y Y Y

Also Known As

Please check (√) all health care conditions for which the child requires an intervention during attendance at the community program.

☐	**Ventilator Care**
☐	**Tracheostomy Care**
☐	**Suctioning (Tracheal/Pharyngeal)**
☐	**Nasogastric tube care and/or feeding**
☐	**Complex administration of medication [i.e., via infusion pump, nasogastric tube or injection (other than Auto-injector)]**
☐	**Central or peripheral venous line intervention**
☐	**Other clinical interventions requiring judgments and decision making by a medical or nursing professional**

Please attach a completed URIS Group B application if necessary.

Family Services and Housing
Education, Citizenship and Youth
Health

Manitoba

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

_____ _____ _____
Mailing Address Postal Code Phone number