

Request Form - Medical Needs Training Session(s)

– Children's Inclusion Support Services

Child Care Program's Name:

Contact Person:

of participants:

Telephone No:

Email:

Location details related to in-person training session only:

CISS Resource Consultant *(if applicable)*

Preferred date(s) and time(s) for the training *(please read information below)*:

****For all trainings listed below, CISS requires that you to send a copy of the individual plan for the child whose needs require this type of training along with this completed form. The child's individual plan must be submitted to CISS a minimum of 5 working days before the requested training date so that the training can be offered on the desired date, which must also reflect the trainer's availability. ****

CHEO TRAINING

- Catheterization
- Diabetes *(virtual presentation)*
- Enteral feeding *(by tube)*
- Ostomy Bag

EPILEPSY OTTAWA

- Seizures
- Virtual presentation
- In-person *(if possible)*

Please ask any related questions or submit to:

Intake Coordinator
Children's Inclusion Support Services
613-736-1913 ext. 231
cissintake@afchildrensservices.ca