

Request Form – Medical Needs Training Sessions

– Children’s Inclusion Support Services

Date: _____

Name of Child Care Program : _____

Address: _____

Phone Number: _____

E-mail Address: _____

Contact Person: _____

CISS Resource Consultant (if applicable) : _____

Medical Support Training (ParaMed):

- ☐ Enteral Feeding
☐ Catheterization
☐ Ostomy Bag

Please note: ParaMed trainings are only available from 3:00 pm onward. Training can be provided in the evening after program hours.

Epilepsy Canada:

- ☐ Seizures

Preferred date(s) and time(s): _____

Location of training session/ presentation: _____

Number of participants projected to attend: _____

Names of participants:

Please forward to:

Intake Coordinator

Children’s Inclusion Support Services

600 – 700 Industrial Avenue, Ottawa, Ontario K1G 0Y9

intake-ciss@afchildrensservices.ca

Tel.: 613-736-1913 ext. 231 / Fax: 613-736-8378