

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) : _____

CHEO Medical Support Training:

- Enteral Feeding
- Catheterization
- Ostomy Bag

For CHEO's training, the Supervisor is responsible for developing an Individual Plan for each child with medical needs in their program...

Epilepsy Ottawa

- Seizures

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

Location of training session/presentation: _____

Number of staff projected to attend: _____

Individual Plan for Each Child with Medical Needs

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