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**AUTHORIZATION FOR THE RELEASE OF PERSONAL HEALTH INFORMATION**

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The Unified Referral and Intake System (URIS), a partnership between the provincial Departments of Family Services, Education, Training and Youth and Health, supports community programs in the care of children with special health care needs when they are apart from their families.

URIS provides policy direction and assistance to community programs (i.e. school divisions, licensed child care facilities, recreation programs and agencies providing respite service) to address the needs of children with life-threatening allergies. As well, URIS provides funding to community programs for a registered nurse to:

- ❖ Develop an Individual Health Care Plan for a child with known risk of anaphylaxis
- ❖ Provide child-specific training to personnel in the community program involved with the child (e.g. teachers, educational assistants, secretaries, resource staff, custodians, bus drivers) and
- ❖ Monitor personnel in the community program involved with the child, as necessary.

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**Declaration and Consent:**

I, \_\_\_\_\_

(Parent or Guardian)

of \_\_\_\_\_

(Address)

understand the purpose of the Unified Referral and Intake System (URIS) and authorize the St. James-Assiniboia School Division, United Referral and Intake System (URIS) and the Registered Nurse, all of whom may be providing services or supports to my child, to exchange and release medical information and consult with my child's physician(s), and/or members of my child's health care team for the sole purpose of training appropriate personnel and developing and implementing an Individual Health Care Plan for:

\_\_\_\_\_  
(Child's Name)

I understand as the parent/guardian that I may amend or revoke this consent at any time with a written request to the school division.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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This consent expires when the child leaves the St. James-Assiniboia School Division. Personal health information will be stored in the child's file and subject to the provisions of any relevant legislation and regulations.

APPROVED June 22, 2004 Motion 16-03-04

<p>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. If you have any questions or concerns about the collection of this information, contact the Access and Privacy Officer at the St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, telephone (204) 888-7951.</p>
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