%6Steroid Dependence (e.g., congenital adrenal hyperplasia, hypopituitarism, Addison	's disease)
What type of steroid dependence has the child been diagnosed with? Occupation of the child been diagnosed with?	
%₀Gastrostomy Feeding Care	
Does the child require gastrostomy tube feeding at the community program?	☐ YES ☐ NO
Does the child require administration of medication via the gastrostomy tube at the community program?	☐ YES ☐ NO
%	
Does the child require the ostomy pouch to be emptied at the community program?	☐ YES ☐ NO
Does the child require the established appliance to be changed	
at the community program?	☐ YES ☐ NO
Does the child require assistance with ostomy care at the community program?	☐ YES ☐ NO
%clean Intermittent Catheterization (IMC)	
Does the child require assistance with IMC at the community program?	☐ YES ☐ NO
%oPre-set Oxygen	
Does the child require pre-set oxygen at the community program?	☐ YES ☐ NO
Does the child bring oxygen equipment to the community program?	☐ YES ☐ NO
%6uctioning (oral and/or nasal)	
Does the child require oral and/or nasal suctioning at the community program?	☐ YES ☐ NO
Does the child bring suctioning equipment to the community program?	☐ YES ☐ NO

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 communi