

Surname, Name

Schoolyear 20 - 20

Class

## FRENCH MINISTRY OF EDUCATION

# Individualized health care and emergency plan: PAI

Agreement between the pupil's family and the school during the school year  
of a pupil suffering from a long-term illness.

Article D. 351-9 of the Education Code - Circular

The **PAI** allows children and adolescents with health problems (physical or psychological) that develop over a long period of time, either continuously or discontinuously, to be welcomed in schools, after-school programs and other group childcare facilities. It is drawn up with the legal guardians, at their request, by the health teams of the structure concerned and the school principal, the head teacher or the director of the establishment, structure or service for children under 6 years of age, who are responsible for ensuring that the procedures are clear and communicated.

### **THE GOALS**

The PAI enables children who benefit from it to receive quick and appropriate care to avoid the aggravation of symptoms. It details, according to the needs, a treatment to be followed, an emergency protocol, an adapted diet and/or individualized arrangements, in order to ensure the child's safety and to alleviate the inconveniences linked to his/her state of health. The child can then follow normal school days.

### **THE REQUEST**

The PAI is drawn up upon request from the parents or the school headmaster, always with the agreement and participation of the family.

### **DOCUMENT DRAFTING**

It is written by the family doctor or the doctor who follows the child.

### **THE COMPLETE FILES include :**

1. **The PAI summary form**, containing the emergency care protocol, the child's details, the parents' authorization and agreement. This protocol is not bound by medical confidentiality.
2. **The medical problems and/or accommodations report** if necessary, protected by medical secrecy (confidential).
3. **The medical prescription** with a folder marked with the pupil's name containing **valid medication**. Medication is provided by the parents.

**It must be signed by the parents, the attending physician, the head teacher and the nurses.**

**The PAI is only valid when it is complete.**

*The doctor should check with the nurses as to its feasibility.*

*The treatment will be explained to the teachers.*

This PAI form can be obtained on request by email or telephone from the school

- Qingpu : email : [infirmerie.qingpu@lyceeshanghai.com](mailto:infirmerie.qingpu@lyceeshanghai.com), phone : 3976.0555 ext 112
- Yangpu : email : [infirmerie.yangpu@lyceeshanghai.com](mailto:infirmerie.yangpu@lyceeshanghai.com), phone : 6897.6589 ext 712

It can also be found on the Lycée Français de Shanghai website in the Health section.

Surname, Name

Schoolyear 20 - 20

Class

## Individualized health care and emergency plan: PAI

### 1 - Administrative information: to be completed by parents

<b>Student</b>
<b>Surname / Name :</b>
<b>Date of birth:</b>
<b>Adress :</b>

<b>Photo</b>
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#### Legal guardians

Relationship	Surname and name	Work phone	Mobile phone	Signature

This document will be brought to the attention of the staff in charge of the child, including those in charge of the canteen and after-school care.

The legal guardians undertake **to provide the equipment and medication required and to inform the school nurse in the event of a change in medical prescription**. The PAI is drawn up in the context of sharing the information necessary for its implementation. Only the legal guardians can reveal information covered by medical confidentiality.

Date

Guardians signature

Surname, Name

Schoolyear 20 - 20

Class

**2- Administrative information:** to be completed by the school

Referrers	Surname, Name	Signature & date
Deputy headteacher Headmaster		
Homeroom teacher		
School nurse		

Referrers	Surname, Name	Signature & date
ASC manager		
Canteen manager		

**All information necessary for the care of the student will be attached to this document.**

**3- Accommodations and adaptations:** part to be completed by the doctor

- a. **Diagnosis and consequences of the disease or condition**

Surname, Name

Schoolyear 20 - 20

Class

**b. Adjustments for the time spent in the school**

- Part-time at school (join a timetable)
- Rest time in the infirmary
- Partial or total exemption from PE (enclose certificate of sporting unfitness)

Please specify:

**c. Environmental improvements**

- Leave the classroom: toilets, drinks, infirmary, school life, library...
- Recess and break time: precautions against pollution, cold, sun, games, jostling...
- Use of the lift

Please specify:

**d. Off-campus arrangements**

The PAI must follow the child on every trip outside the campus:

- Travel for examinations
- Outings without overnight stay
- Outings with overnight stay

*Please note: the PAI is the sole responsibility of the parents during ASC competitions at the weekend; parents must provide medication and pick-up sheets in their child's sports bag.*

**e. Catering**

- Specific diet with avoidance of allergens (*information to the catering distributor*)
- Specific diet related to a pathology other than allergic (*information to the catering distributor*)
- Choice of food by the pupil himself, under his own responsibility (from 6th grade only)

Please specify:

**f. Healthcare**

- Treatment during the time spent in the campus (see **attached prescription**) :
  - Drug treatment: name, dosage, method of administration, schedule/frequency
  - Monitoring: times, type of data to be collected
- Form "What to do in case of emergency" attached (page 4)

Please specify:

Surname, Name

Schoolyear 20 - 20

Class

#### 4- What to do in an emergency: part to be completed by the doctor

At the first sign of trouble, have the **child's emergency kit** collected from the infirmary.

Visible warning signs	Actions to be taken	Treatment

At the first signs of severity or if the previous signs persist: call 120

Signs of severity	Actions to be taken	Treatment

In all cases, remember to **keep the family informed. Follow the LFS emergency decision tree.**

Doctor's stamp :

Date

Doctor's signature