

Student name:

Country:

City:

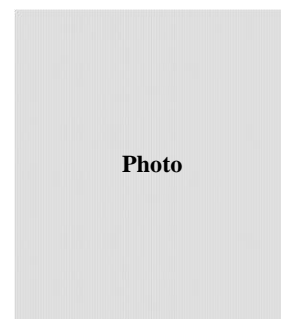
Individualized health care and emergency plan: PAI

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

THE PAI allows children and adolescents with health problems (physical or mental) extending over a long period, continuously or discontinuously, to be welcomed in school communities including extracurricular and other collective communities for minors. It is drawn up with the legal guardians, at their request, by the health teams of the school and the school principal, head teacher, the director of the establishment, the facility providing care for children under 6 years old, who are responsible for ensuring that procedures are clear and communicated.

1 – Administrative information

Student
Last name / First:
Date of birth:
Address :



Legal guardians or students over 18

Relationship	First and last name	📍 Home	📍 Work	📱 Smartphone	Signature

I request that this document be brought to the attention of the staff in charge of my child, including those in charge of catering and extracurricular activities, and that they carry out the procedures and administer the treatments described in it.

	PAI 1 st request	Potential changes				
Date						
Class						

Annual verification of the elements of the PAI provided by the family: updated "Action to take" (Conduite à tenir) sheet, recent prescription, medication and equipment if necessary					
Date					
Class					

The legal guardians undertake to provide the equipment and medication required, and to inform the school principal, the head of the school or the director of the facility, the doctor and the national education nurse of any change in the medical prescription. The PAI is drawn up within the framework of sharing the information necessary for its implementation. Only students of legal age or their legal guardians may disclose information covered by medical confidentiality.

Student name:

In and out of school

Contacts	Name	Administrative address	Signature and date	Copy received on :
Head of School School principal Principal				
Class teacher Head teacher Facility supervisor				
National education doctor or PMI or facility supervisor				
National education nurse or PMI or facility supervisor				

Partners

Referrers	Name	Administrative address	Signature and Date	Copy received on :
Attending physicians, hospital services				
Catering representative				
Responsible for other extracurricular activities				
Other				

All information required for the student's care will be attached to this document.

2 - Adjustments and adaptations – section reserved for the national education doctor, the PMI doctor or the facility's doctor

a. Consequences of the disease or condition, essential and useful for understanding

b. Arrangements of the time of presence in the school

- Part-time: flexible hours of presence and care, staggered working hours (attach the adapted timetable)
- Rest time
- Partial or total exemption from activity (PE, manual activities, related to food, animals, etc.)

Attach the PE certificate of incapacity

Student name:

c. Arrangement within the school (depending on context)

- Authorization to leave the classroom (toilet breaks, , infirmary, school life office, etc.)
- Special furniture and equipment (double set of books, digital book, ergonomic seat, computer, locker, robot)
- Toilets and hygiene (access, special toilets, equipment, change of clothes, shower, human assistance, etc.)
- Recess and breaks between classes (precautions against cold, sun, games, jostling, etc.)
- Accessibility to premises
- Visual, sound or other environments. Specify :

d. Off-site arrangements.

The PAI must follow the child in his or her various collective living environments.

- School trips (stadium, school catering, etc.)
- Travelling for exams
- Field trips without overnight stay
- Field trips with overnight stay (school trips, stays, etc.)

Specify if daily morning-evening treatment and/or special measures are required and attach a clear and precise prescription with medication before departure:

e. Catering

<input type="checkbox"/> Specific scheme guaranteed by the foodservice distributor <input type="checkbox"/> Avoidance of allergens in the usual diet practiced: <input type="checkbox"/> By the service responsible for catering <input type="checkbox"/> By the student himself (INCO display) <input type="checkbox"/> Eviction requested by the family after prior reading of the menu and possible substitute dish <input type="checkbox"/> Packed lunch provided by the family (managed according to the regulations in force)	<input type="checkbox"/> Snacks provided by the family <input type="checkbox"/> Beverages <input type="checkbox"/> Food supplements <input type="checkbox"/> Priority in the queue or special timetable <input type="checkbox"/> Need for human help or special layout for the installation
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Specify :

f. Care

- Daily treatment during time on school premises (*see attached prescription*) :
 - Drug treatment: specify name (commercial/generic), dosage, mode of intake, accurate schedule
 - Surveillance: specify who does the surveillance, schedules, data collection
 - Intervention by healthcare professionals during their time on the premises protocol attached
 - Confidential information in sealed envelope to be passed on to emergency teams or the doctor "Emergency procedures" form attached (page 4)
 - Other care Contents of the emergency kit:
 - PAI mandatory Prescription Treatments Confidential letter for the emergency services
- Place of storage of the child's emergency kit in the school to be specified: _____
- Pupil authorized to carry emergency treatment with "What to do in case of emergency" form.
 - Other emergency kit in the school
- Specify :

Student name:

g. Adaptations of teaching methods, assessments and exams

Special needs	Details Action to be taken (specify the subjects if necessary)
<input type="checkbox"/> Help during class (special attention, learning support, tutoring, writing, etc.)	
<input type="checkbox"/> Transmission of lessons and homework (photocopies of lessons, USB keys, school digital space, flipped classroom, etc.)	
<input type="checkbox"/> Transmission and/or adaptation of assessments and tests	
<input type="checkbox"/> Suggestions for exam arrangements at the request of legal guardians	
<input type="checkbox"/> Extra-curricular time (specificities linked to the type of activities, etc.)	
<input type="checkbox"/> APADHE <input type="checkbox"/> CNED in shared learning <input type="checkbox"/> Other support or school continuity arrangements:	

3 - What to do in case of emergency - Attending physician section or to be specified: _____

Student name:

Standard data sheet – data sheets for the most common pathologies are available on eduscol.education.fr.

Last name/ First name :	Date of birth:
Emergency contact numbers:	
Sheet drawn up for the following period:	

At the first signs of trouble, **send for the child's emergency kit and a telephone. Assess the situation and implement:**

Visible warning signs	Actions to take	Treatment

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

Severity signs	Actions to take	Treatment

In any case, do not forget to keep the family informed.

A letter with confidential medical information in a sealed envelope for the attention of the emergency services can be attached to this standard data sheet: Attached sealed envelope Yes No

Physician's stamp

Date

Physician's signature