



- ☐ Initial PAI  
☐ Updated PAI  
☐ Indefinite duration

## PAI - Individualised Support Plan

☐

EPILEPSY

☐

FEBRILE SEIZURES



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### 1. Input

Fields marked with an \* are mandatory

#### Identity of the applicant

Photo

ONLY for School Medical Service:

Child's/Student's family name(s):\*

Child's/Student's first name(s):\*

Nat. identification number(matricule):\*  
(or date of birth if no id number)

Cycle / class:

School/SEA:\*

Place/Location:\*

Name(s) of legal  
representative/parents:\*

Address:\*

Telephone:

Email address:

Child's/Student's family name(s):

Nat. identification number:



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## Delegation of care

Fields marked with an \* are mandatory

I,\*

the undersigned, legal representative or adult student, request for my child or myself the implementing of an Individualised Support Plan (PAI) based on the medical prescription and emergency intervention protocol established by

Dr\*

I authorise that this document be made known and applied by the people in charge of the student/child or myself : school, school health team, day care centre/SEA, SePAS.

It is my responsibility:

- to check the expiry date of medicines
- to replace them as soon as they reach the expiry date
- in the event of a change in the medical prescription, to inform the people responsible for the child/student and the school health team

## Signature (mandatory)

Place:\*

Date:\*

Signature of legal  
representative or adult  
student:\*

## Prescribing physician

Name:\*

Date:\*

Signature:\*

## For the doctor at the National Health Directorate - Department for School Medicine and Health of Children and Young People

PAI received on:

forwarded to:

on:

Signature:



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## 2. Supervisory staff

School health team	Name	Job title	Tel. no.
Headteachers	Name	Job title	Tel. no.
Supervisory staff at day-care centre	Name	Job title	Tel. no.
SePAS/ESEB	Name	Job title	Tel. no.
Others	Name	Job title	Tel. no.

## 3. Doctors treating the child

Family doctor (GP)	Name	Address	Tel. no.
Specialists	Name	Address	Tel. no.



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#### 4. Transmission of the PAI / Concertation meeting

Information session:

Date:

##### Attendance list - People who have knowledge of the PAI

(give names and job titles of all people who have knowledge of the PAI)

Job title	Family name/First name	Signature	Date
Head teacher			
Educator			
Person in charge of the day-care centre			
Staff at day-care centre			
SEPAS			
ESEB			
Others			
Others			
Others			

##### For the School Health Team

A copy of the PAI has been handed to:

Date:

##### IMPORTANT: Instructions for staff responsible for the child/student:

- Please inform the school principals in basic/secondary education establishments, the teachers, the supervisory staff and the supply teachers of the existence of this document.
- Send a copy of this page to *Division de la Médecine scolaire* (by post to: 20 Rue de Bitbourg, L-1273 Luxembourg-Hamm) after the people concerned have read the PAI and their signatures have been obtained.



## 5. EMERGENCY ACTION PLAN - EPILEPSY - FEBRILE SEIZURES

### IN THE EVENT OF AN EPILEPTIC SEIZURE:

#### Symptoms:

- ☐ Seizure/rhythmic jerking  
☐ Loss of consciousness  
☐ Absence (lapses in awareness, isolated and short-term)  
☐ Short motor automatisms (repeated movements)

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**What you should do: Keep calm, most seizures end spontaneously after just a few minutes!!**

- prevent the child from getting hurt
- loosen the child's clothing to make breathing easier
- place a cushion under the child's head
- don't put anything in the child's mouth
- keep an eye on the time to know how long the seizure lasts
- keep other children at a distance

**If the seizure lasts more than \_\_\_\_\_ minutes:**

#### Treatment of the convulsive seizure.

##### 1.a. Administer the following medication:


**If the fever is higher than \_\_\_\_\_ °C:**

#### Fever treatment.

##### 1.b. Administer the following fever reducer:

Dosage:
Child's weight: (if necessary)

2. ☐ Call the SAMU emergency service (112) straight away

☐ Call the SAMU emergency service (112)

- if the seizure lasts more than 5 minutes after the medicine is administered
- In case of a relapsing seizure in a short time
- If the pupil/student was injured during the seizure, or if the seizure occurred at the swimming pool
- If the pupil/student doesn't recover normally after the seizure (sleepy, can't be woken)

**If you are unsure, DO NOT HESITATE TO CALL THE SAMU EMERGENCY SERVICE**

#### 3. Inform the PARENTS

### Signature

Place:\*

Date:\*

Stamp of the doctor:\*



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## 6. Instructions

### 1. Emergency kit

PLACE A COPY OF THIS DOCUMENT IN THE EMERGENCY KIT

Content / Medicines	Expiry date
Location	
School <input type="checkbox"/>	
Day-care centre/SEA <input type="checkbox"/>	
Other <input type="checkbox"/>	

- IF THE SAMU EMERGENCY SERVICE IS CALLED, INFORM THEM OF THE EXISTENCE OF THIS DOCUMENT
- INFORM THE PARENTS
- THE EMERGENCY KIT MUST FOLLOW THE CHILD ON ALL JOURNEYS OUTSIDE THE SCHOOL

### 2. Conditions for support :

Physical activities	Swimming	Excursions and other activities
<input type="checkbox"/> not allowed	<input type="checkbox"/> not allowed	<input type="checkbox"/> not allowed
<input type="checkbox"/> close supervision	<input type="checkbox"/> close supervision <sup>1</sup>	<input type="checkbox"/> close supervision
<input type="checkbox"/> no restrictions necessary	<input type="checkbox"/> no restrictions necessary	<input type="checkbox"/> no restrictions necessary

1) An adult person able to watch the pupil/student from the side of the pool and who is capable of getting the pupil/student out of the water or calling for help quickly; the pupil/student must be clearly visible (swimming cap in a noticeable colour)

### 3. Any other arrangements:

### Signature

Place:\*

Date:\*

Stamp of the doctor:\*