



Initial PAI
 Updated PAI
 Indefinite duration
 Valid for /

PAI - Individualised Support Plan



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Your rights regarding your personal data:

The information about you collected from this form needs to be processed by the public administration concerned.

That information is kept by the administration in question for as long as it is required to achieve the purpose of the processing operation(s).

Your data will be shared with other public administrations that are necessary for the processing of your application. For details on which departments will have access to the data on this form, please contact the public administration you are filing your application with.

Under the terms of Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, you have the right to access, rectify or, where applicable, remove any information relating to you. You are also entitled to withdraw your consent at any time.

Additionally, unless the processing of your personal data is compulsory, you may, with legitimate reasons, oppose the processing of such data.

*If you wish to exercise these rights and/or obtain a record of the information held about you, please contact the **Ministry of Health**. If the contact details of the competent service are not indicated, you can contact the Data Protection Officer at the **Ministry of Health** by email at info_donnees@ms.etat.lu. You are also entitled to file a claim with the National Commission for Data Protection (Commission nationale pour la protection des données), headquartered at 1, Avenue du Rock'n'Roll, L-4361 Esch-sur-Alzette*

1. Input

Fields marked with an * are mandatory

Identity of the applicant

Photo	ONLY for School Medical Service:	<input type="text"/>
	Child's/Student's family name(s):*	<input type="text"/>
	Child's/Student's first name(s):*	<input type="text"/>
	Nat. identification number(matricule):* (or date of birth if no id number)	Cycle / class: <input type="text"/>
School/SEA:*	<input type="text"/>	
Place/Location:*	<input type="text"/>	
Name(s) of legal representative/parents:*	<input type="text"/>	
Address:*	<input type="text"/>	
Telephone:	<input type="text"/>	
Email address:	<input type="text"/>	

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.

4. Transmission of the PAI / Concertation meeting

Child's/Student's family name(s): Nat. identification number:



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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, or by email to pai@ms.etat.lu) after the people concerned have read the PAI and their signatures have been obtained.

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

Nat. identification number:



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5. Detail of the disease

Disease:	
Major symptoms:	
Treatment:	
Emergency measures:	
Special arrangements:	



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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. Accommodations (physical activities, swimming, excursions, etc):

3. Any other arrangements:

Signature

Place:*

Date:*

Stamp of the doctor:*