



## FORM FOR EXTENDING THE INDIVIDUALIZED SUPPORT PLAN FOR STUDENT OF LEGAL AGE

I, the undersigned, \_\_\_\_\_,  
born on \_\_\_\_\_, and having reached my majority, requests the extension,  
beyond the date after my majority, of the individualized support plan set up from the  
medical prescription of Dr \_\_\_\_\_ on the date  
of \_\_\_\_\_ for :

- Food allergies
- Allergies
- Allergies to insect bites
- Asthma
- Epilepsy
- Cardiac disease
- Diabetes
- Haemophilia
- Other (to be specified) \_\_\_\_\_

It is expressly agreed that this extension is carried out under the same conditions as the previous individualized support plan. This request form will be attached to the mentioned PAI.

Date and signature of student of legal age : \_\_\_\_\_

**This form must be sent by the student to the Division de la médecine scolaire by post (see addresses below)**