



To Mr and Mrs.....

Parents of.....

Class.....

Dear,

If your child has a condition (for instance: allergy, diabetes,...) that may require care or medication at school, please follow the below instructions.

To meet his/her needs, you should ask for an Individualized Welcome Project (IWP). The IWP is a document written by your doctor, describing the first aid to do in an emergency situation.

Please note that It is your responsibility to provide the emergency kit containing the medications, to check the expiry date and to renew it.

### Pupil's identity

Photo	Last name :  First name :  Sex:  Address :  Date of birth :                      Age :  Class :
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**The decision to disclose medical information covered by professional secrecy belongs to the family who asks for the implementation of an individualized care project for their child with a long-term health disorder. The disclosure of this information ensures the best care of the child so that the host community allows him to follow his treatment and / or his diet and can intervene in case of emergency. Staff are bound by professional secrecy and only transmit to each other the information necessary for the care of the child. Nevertheless, if the family deems it necessary, it can address in a closed envelope the information it wishes to transmit only to the medical service (consisting of the nurse and the school doctor).**

I, the undersigned ....., father, mother, legal representative, request for my child the implementation of the Individualized Welcome Project (IWP) written by the doctor ..... for the school year .....

I authorize that the I.W.P document be made known to the staff in charge of my child in the school. I ask this staff to practice the actions and administer the treatments provided in this document if necessary.

Signature of the legal representative:

Date:

*Example of a document for an Individualized Home Project*

Last name:

First Name :

Birth date :

Class :

Establishment:

Like parents:

Name and such of the reference doctor:

Allergy to .....
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**Composition of the emergency kit (deposited at school):** The detailed order for care, and the list of medications to be included in the emergency kit are attached.

- Antihistamine
- Corticosteroid
- Broncho-dilator
- injectable adrenaline
- Other:

**At the first sign, tell the parents and the doctor!**

**Call urgent medical help (100 or 112) and practice:**

Situations	Symptoms	What to do
Acute urticaria Itching	<b>pimples like nettle bites, red patches</b>	
Pink eyes, Rhinitis	<b>Red, swollen eyes, sneezing, runny nose</b>	
Edema without respiratory signs	<b>Swelling of the lips, face or body part</b>	

Digestive disorders	<b>Abdominal pain, vomiting</b>	
Asthma attack	<b>Dry cough, breathing difficulty, audible whistling, the child complains that he cannot breathe properly</b>	
Edema with respiratory signs	<b>Husky hoarseness, modified voice, sign of asphyxiation, choking</b>	
Shock or fainting	<b>fainting with itching, difficulty breathing, abdominal pain, nausea and vomiting</b>	

**Note the date, time of signs and medications given**

**Stay next to the child**

Date:

Doctor's signature: