

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 :  |

**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 ………………………………………………………………………………………………………………………………………..

**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.

o Antihistamine

o Corticosteroid

o Broncho-dilator

o injectable adrenaline

o 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 | **pimples like nettle bites, red patches** |  |
| Pink eyes, Rhinitis | **Red, swollen eyes, sneezing, runny nose** |  |
| Edema without respiratory signs | **Swelling of the lips, face or body part** |  |
| Digestive disorders | **Abdominal pain, vomiting** |  |
| Asthma attack | **Dry cough, breathing difficulty, audible whistling, the child complains that he cannot breathe properly** |  |
| Edema with respiratory signs | **Husky hoarseness, modified voice, sign of asphyxiation, choking** |  |
| Shock or fainting | **fainting with itching, difficulty breathing, abdominal pain, nausea and vomiting** |  |

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

**Stay next to the child**

Date: Doctor's signature:

**Explicit consent for the processing of health data**

The European School Brussels I, committed to the requirements set out in the General Data Protection Regulation, would like to ask you for your explicit consent to process your child's health data contained in this medical form.[[1]](#footnote-1)

The information will only be processed by the school's health care staff and the emergency services in case of an accident and will be kept securely and destroyed 10 years after your child has left the school.

You can find out more about how the school handles personal data by reading the Privacy Statement on the school's website: [Privacy Statements - EEB1.](https://www.eeb1.com/app/uploads/2019/01/2018-06-D-21-en-5-European-School-Privacy-Statement.pdf)

In accordance with the European Regulation n°2016/679/EU of 27 April 2016 you may at any time exercise your rights of access, rectification, opposition, and erasure of your data by contacting our Data Protection Officer: UCC-DPO-CORRESPONDENT@eursc.eu

If you consider that the European school has not complied with the data protection laws applicable (including the GDPR) or that your rights have been infringed as the result of the processing of your personal data, you have the right of recourse and can contact the [National Supervisory Data Protection Authority.](https://www.dataprotectionauthority.be/)

* I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as the child's parent/legal representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my explicit consent for my child's health information to be processed by the medical staff of the European School Brussels I.

Done at \_\_\_\_\_\_\_\_\_the\_\_\_\_\_

Signature of parent/legal representative:

1. Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016, on the protection of natural persons with regard to the processing of personal data on the free movement of such data; article 6, paragraph 1) point a). [↑](#footnote-ref-1)