PRACTICAL INFORMATION FORM

ARRIVAL/DEPARTURE

I, the undersigned, ..., legal guardian of the student, hereby authorize the student to arrive and depart from the Sciences Po Pre-College Programme under the conditions specified on the online registration platform.

I understand that the Sciences Po Summer School must be informed in case of any changes relative to arrival and departure and that the Summer School cannot accommodate other arrivals or departures outside of the conditions specified in the online questionnaire. I also understand that Sciences Po is no longer responsible for students once they have departed from the residence on the last day of the programme.

HEALTH

I, the undersigned, ……………………………………………………………………………, legal guardian of the student, declare that the proof of health insurance provided meets the requirements of the Summer School. I certify that it includes the following information and coverage:

- The first and last names of the student
- Validity in France and for the duration of the programme
- Coverage of any expenses which might arise in connection with medical care, emergency hospital treatment and repatriation to home country for medical reasons

I, the undersigned, legal guardian of the student, declare that all the information provided on the online registration platform is exact, and authorize the Sciences Po Summer School to take any action (healthcare, hospitalization, emergency surgery) if the state of the student requires it. I accept that Sciences Po is not responsible for any medical fees that result from a lack of insurance coverage, or insurance coverage that fails to meet the requirements specified above. If the fees cannot be advanced by the student, I also certify that I will reimburse any medical costs advanced by the Summer School.

Prior to the program, I pledge to monitor………………………………. (student's name) for any potential symptoms related to a virus (COVID-19 or any other contagious virus) and to promptly report any feverish condition that could pose a risk to all participants in the programme.

In the event of a serious medical situation which necessitates specialized care and/or isolation, I agree to bear all expenses associated with repatriation. I will be able to designate a third party to collect .... (name of the student) on my behalf if needed.

Parent/Guardian's full name: …………………………………………………………………….

Student's full name: …………………………………………………………………………………

Date and place: …………………………………………………………………………………..

Parent/Guardian's Signature