

PRACTICAL INFORMATION FORM

ARRIVAL/DEPARTURE	
I, the undersigned,	
I understand that the Sciences Po Summer School must be informed in case of departure and that the Summer School cannot accommodate other arriva conditions specified in the online questionnaire. I also understand that Science students once they have departed from the residence on the last day of the process of the second students.	als or departures outside of the ces Po is no longer responsible for
HEALTH	
I, the undersigned,, legal guardian proof of health insurance provided meets the requirements of the Summer Sc 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 mediatreatment and repatriation to home country for medical reasons 	cal care, emergency hospital
I, the undersigned, legal guardian of the student, declare that all the inforegistration platform is exact, and authorize the Sciences Po Summer School hospitalization, emergency surgery) if the state of the student requires it. responsible for any medical fees that result from a lack of insurance coverage, meet the requirements specified above. If the fees cannot be advanced by the reimburse any medical costs advanced by the Summer School.	ol to take any action (healthcare, I accept that Sciences Po is not or insurance coverage that fails to
Prior to the program, I pledge to monitor (student's name) for a virus (COVID-19 or any other contagious virus) and to promptly report any a risk to all participants in the programme.	
In the event of a serious medical situation which necessitates specialized care all expenses associated with repatriation. I will be able to designate a third par (name of the student) on my behalf if needed.	_
Parent/Guardian's full name:	Parent/Guardian's Signature
Student's full name:	
Date and place:	