

Registration

Form



August 2019

It is with a great pleasure that I send you that registration form for the 1st EPP SUMMER CAMP IN FRANCE. Please to complete it and send me at the following address : Mireille Berger – 19 Bis rue Bellevue 33600 Pessac, France.

It must include :

- Aroeven Medical Information Form
- Aroeven Registration Form
- EPP Complementary Form
- A 100€ deposit payable to AFMAP



EPP Complementary Form

Confidential document.

Child's Surname and first name :

Age :

The aim of the document is to prepare at best the summer camp by knowing your child behaviour about EPP.

- Could you explain us how your child protect him against sun and UV, as well inside or outside (we will follow these instructions) :
- What is his/her dress behaviour (gloves, hat, cap, specific clothes ...) :
- Does he/she use a specific sunscreen and which one ? (In France, we used to have Actinica) :
- Which is his/her level of light sensibility, both inside and outside (for instance, in sunny rooms, in a car, ...) :
- Is your child autonomous to protect himself (herself) against sun and UV ? (However, we will be careful for all of them) Yes No
- In case of crisis, which medical treatment do you usually have ?
(before the departure, you must give me the medical treatment and the prescription in a pocket with the name of your child)
- Which is his/her EPP level (optional) :