

MEDICATION AUTHORISATION CARD

Please list all prescription and over-the-counter medications your child will bring on the tour. All medication must be in its original, clearly labelled packaging.

STUDENT DETAILS

Student Name: _____

Date of Birth: _____

Tour Name/Destination: _____

Tour Dates: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

MEDICATION DETAILS

Medication Name	Dosage	Time(s) to be Administered	Reason for Medication	Self-Administered? (Yes/No)

IMPORTANT INFORMATION

- All medications must be supplied in their original packaging with the student's name clearly visible.
- Prescription medications must include the prescribing doctor's instructions.
- Students must not share medication with others under any circumstances.
- Any changes to medication during the tour must be immediately communicated to the Tour Manager.

MAMS Sports Tours reserves the right to refuse administration of medication that is incorrectly labelled or not declared on this form.

PARENT/GUARDIAN AUTHORISATION

I confirm that the information provided in this form is accurate and complete. I authorise the staff and Tour Managers of MAMS Sports Tours to supervise and/or administer the medication listed above as required during the tour. I understand that every reasonable effort will be made to ensure medications are administered correctly and safely.

Parent/Guardian Name: _____

Signature: _____

Date: _____

