ESPORTEC
OUTDOOR SPORT

This authorization form must be submitted in case the participant needs to take medication during the activity. In accordance with the regulations governing educational leisure activities, for a participant to take medication, their parent or legal guardian must provide this authorization, specifying the medication, dosage and administration schedule.

If available, please attach to this form the medical prescription or prescription document issued and signed by the prescribing healthcare professional.

All medication must be handed over to the activity supervisors so that it is available for administration during the activity.

I, _____, holder of ID/Passport No. _____, as the parent/legal guardian of the participant _____, hereby authorize the supervisors of the activity **OUTINGS AND 2026–2027 PROGRAMME** to administer the following medications at the specified dosages.

Basic medications: (Mark with an X)

MEDICINE	**YES**	**NO**	**DOSE (if applicable)**
Oral anti-inflammatory			
Oral analgesic			
Iodinated cutaneous solution			
Topical anti-inflammatory			
Topical antihistamine			

Other medications provided by the family:

MEDICINE (1)	**DAY (2)**	**TIME**	**DOSE**	**TIME**	**DOSE**	**TIME**	**DOSE**

SIGNATURE OF FATHER/MOTHER/GUARDIAN

_____, on _____of_____of

(1) Full name of the medication. Specify it as accurately as possible.

(2) Frequency (times per day) and the dose to be administered.