



MINISTÈRE
DE LA SANTÉ,
*en charge de la prévention
et de la protection sociale généralisée*

AGENCE DE RÉGULATION DE L'ACTION
SANITAIRE ET SOCIALE

**AUTHORIZATION TO IMPORT MEDICINES
AS PART OF A SPORTS EVENT APPLICATION FORM**

*Délibération n° 80-107 du 29 août 1980 modifiée
fixant les conditions d'importation des médicaments en Polynésie française*

The responsible person

I, undersigned,

Mr Mrs Doctor

Last name: _____ Surname: _____

Function: _____ E-mail: _____

Representing the sports delegation of: _____

- **request authorization to import the following medicines for the following sporting event:**

Trade name	International non-proprietary name (INN)	Strength	Pharmaceutical form	Quantity imported (per unit)

Use another page if needed.

- certifies that these medicines:

- are not expired and comply with their marketing authorization (especially in terms of storage conditions).
- are neither classified as narcotics, nor subject to narcotics regulations, nor do they contain substance(s) classified as psychotropic(s).
- are intended exclusively for use by team members, on the prescription of a caregiver accompanying the team

N.B. Athletes who have to import medicines as part of an individual treatment are subject to the provisions of article LP. 5-1.

List the team members' name in this box

- are under the responsibility of the following caregivers:

Names	Functions

- imported, will not be administered or transferred to anyone other than the members of the team listed above. Unused medicines will be reexported with the sports delegation out of French Polynesia.

Date of application:

Signature of applicant:

Please send your application form to: autorisation.medicament.arass@administration.gov.pf