Zayed Higher Organization
for Humanitarian Care & Special Needs

World Shooting Para Sport
WORLD CUP
AL AIN 2019

Note: Please send the completed form by email to the below contact details.

MEDICATION DECLARATION FORM		Please return by 10 January 2019	to
Name of NPC		Phone Number:	Ms. Rita Bou Eid Kfoury Phone: +971-3-7026407 Fax: +971-3-7683331 Mobile: +971-56-6900414 E-mail: alainwc@aesgc.ae
Contact Person			
Email Address		Fax Number:	

No	Athletes		Medication Name	Dosage	Frequency per day	Drug Class (pain killer, depressant, etc)
	Family Name	First Name				