Travel Letter Information Form

If your child requires an early release of prescribed medication for overseas travel, please complete this form.

1. Patient Details

Full legal name (as per passport):

Date of birth:

Home address:

Parent/guardian full name(s):

Parent/guardian contact number:

2. Travel Details

Destination country/countries:

Exact travel dates (departure & return):

Purpose of travel:

3. Medication Details

Current medications:

Medication(s) requiring early dispensing:

Quantity needed (incl. buffer):

4. Pharmacy Information

Pharmacy name:

Suburb:

Email:

Phone number:

5. Border/Customs Compliance

I confirm that I will carry medication in original labelled packaging, bring this letter and pr
escription in carry-on luggage, declare medication if required, and check compliance with import rules.

Signature: Date: