



**Orillia
2024**

Ontario 55+
Winter Games
Jeux d'hiver de
l'Ontario 55+



Medical Form

The personal information contained on this form is collected for the exclusive use of the Province of Ontario, the Corporation of the City of Orillia, and the Games Organizing Committee of the 2024 Ontario 55+ Winter Games. Information will be used for the purpose of administering the Games.

In order to minimize risk and provide the best quality care, it is mandatory that all participants fill out this form and carry it with them at all times during the course of the Orillia 2024 Ontario 55+ Winter Games. **Participants must show proof of completed form before receiving their accreditation badge upon arrival at registration.** If you are uncertain about any questions, please consult your physician. **Please print a copy of this information.**

Section 1: Personal Information			
First Name:		Last Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say		
Address:			Apt/Unit #:
City/Town:	Province:	Postal Code:	
Primary Phone:		Secondary Phone:	
Ontario Health Card Number and Code:			
Emergency Contact First Name:		Emergency Contact Last Name:	
Emergency Contact Primary Phone:		Emergency Contact Secondary Phone:	
Reason for Attending:			
<input type="checkbox"/> Participant <input type="checkbox"/> District Coordinator <input type="checkbox"/> Spouse/Non-Participant <input type="checkbox"/> OSGA Committee Member/Guest			



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FEBRUARY 6-8, 2024

Section 2: Medical History

Please list all relevant medical history from within the last 5 years (i.e.: heart, respiratory, diabetes, surgeries):

Please specify all allergies (i.e.: food items, bees, medications):

Please list all current medications you are taking, their strength, and dosage:

Section 3: Agreement

By signing below, you agree that the above information is current and accurate to the best of your knowledge.

X

Participant name:

X

Participant signature:

X

Date: (dd/mm/yyyy)

X

Witness name:

X

Witness signature:

X

Date: (dd/mm/yyyy)