



Ontario Association of Archers Inc.

P.O. Box 45 Stn Caledon Village, Caledon ON L7K 3L3

Phone: 519 927 3256 Fax: 519 927 9137 Web: oaa-archery.on.ca

Athlete Medical Form

Last Name: _____ First Name: _____

Age Category: _____ Gender: M F O Equipment Division: _____

OHIP Number (Optional): _____ DOB: _____

Blue Cross or other insurance carried by athlete? (Please specify) (Optional):

Primary Contact incase of Emergency

Last Name: _____ First Name: _____

Work Phone: _____ Home Phone: _____

Cell Phone/Pager: _____ Fax: _____

Secondary Contact (Optional)

Last Name: _____ First Name: _____

Work Phone: _____ Home Phone: _____

Cell Phone/Pager: _____ Fax: _____

Family Doctor

Name: _____ Phone: _____

Relevant Medical History

Medications (please indicate if archer needs assistance in medicating him/herself)

Allergies

Previous Injuries

Other conditions / information

Parent/Guardian

Signature _____ Date: _____