



Ontario Lawn Bowls Association
Medical Form
For District Champions
proceeding to
Provincial Championships



DC-11-04

Provincial Championships for the Year: _____

Information:

1. The requested information will be used ONLY in the event of medical problems arising during the Provincial Championships.
2. All members of a team are asked to fill out the questionnaire. This form is to be handed in at the time of registration at the Provincial playdown venue. Form be placed in a sealed envelope with bowler's name and District number on outside of envelope. All forms will be destroyed at the conclusion of the Championship Event.

EVENT: Fours ___ Pairs ___ Singles ___ Seniors ___ Mixed Pairs ___ Novice ___

Ladies: ___ Men: ___

NAME: _____ **DISTRICT #** _____

TEAM POSITION: _____

CONTACT NAME & PHONE NUMBER*: _____

{*If the contact person is attending the Championships, circle word "HERE"}

ALLERGIES / MEDICATIONS / MEDICAL CONDITIONS

[that should be known in the event First aid is required]
