

Okanagan Indian Band

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CHILD FIRST

Email: okibadmin@okanagan.org

YOUTH ACTIVITIES TRANSPORTATION REQUEST FORM

FAMILY INFORMATION:

ADDRESS 1: PROV: POSTAL CODE: ADDRESS 2: PROV: POSTAL CODE:	CHILD LAST NAME:		NAME:		ME:		
PARENT/GUARDIAN 2: PHONE #: DROP OFF LOCATION ADDRESS 1: PROV: POSTAL CODE: ADDRESS 2: PROV: POSTAL CODE: EMERGENCY CONTACT INFORMATION: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	GENDER:				DAT	ATE OF BIRTH:	
ADDRESS 1: PROV: PROV: PROV: POSTAL CODE: PROV: PROV: POSTAL CODE: EMERGENCY CONTACT INFORMATION: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	PARENT/GUARDIAN 1:					PHONE #:	
ADDRESS 2: PROV: POSTAL CODE: PROV: POSTAL CODE: PROV: POSTAL CODE: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	PARENT/GUARDIAN 2:				PHONE #:		
ADDRESS 2: PROV: POSTAL CODE: PROV: POSTAL CODE: PROV: POSTAL CODE: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	DROP OFF LOCATION						
ADDRESS 2: PROV: POSTAL CODE: PROV: POSTAL CODE: PROV: POSTAL CODE: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	ADDRESS 1.						
EMERGENCY CONTACT INFORMATION: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	ADDINESS 1.	PROV:			POSTAL CODE:		
EMERGENCY CONTACT INFORMATION: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	ADDRESS 2:				T	Ţ	
FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)		PROV:			POSTAL CODE:		
RELATIONSHIP TO CHILD: PHONE#: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	EMERGENCY CONTACT	INFOR	MATION:				
PHONE#: FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	FIRST AND LAST NAME:						
FIRST AND LAST NAME: RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	RELATIONSHIP TO CHILD:						
RELATIONSHIP TO CHILD: PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	PHONE#:						
PHONE#: (medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	FIRST AND LAST NAME:						
(medical information the driver should be aware of epi pen, medical conditions, allergies etc.)	RELATIONSHIP TO CHILD:						
allergies etc.)	PHONE#:						
	MEDICAL INFORMATION:						
HEIGHT: WEIGHT:			HEIGHT:			WEIGHT:	