



Okanagan Indian Band

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YOUTH ACTIVITIES TRANSPORTATION REQUEST FORM

FAMILY INFORMATION:

CHILD LAST NAME:		CHILD FIRST NAME:	
GENDER:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> PREFER NOT TO DISCLOSE	DATE OF BIRTH:	
PARENT/GUARDIAN 1:		PHONE #:	
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:	(medical information the driver should be aware of epi pen, medical conditions, allergies etc.)		
	HEIGHT:		WEIGHT: