



# **POLICE**

## **COUNTRY CLUB HILLS**

### **EMERGENCY IDENTIFICATION BRACELET PROGRAM**

**Please complete this form and call the  
Country Club Hills Police Department at 708-798-3191 for an appointment.  
Please Print Clearly**

|                  |   |
|------------------|---|
| NAME _____       | ID # _____  |
| ADDRESS _____    | <input type="radio"/> MALE <input type="radio"/> FEMALE |
| TELEPHONE _____  | RACE: _____   |
| BIRTH DATE _____ |   |

In the event of an emergency, the following person(s) should be notified:

|                        |                    |
|------------------------|--------------------|
| NAME _____             | RELATIONSHIP _____ |
| ADDRESS _____          | TELEPHONE _____    |
| City, State, Zip _____ | TELEPHONE _____    |

|                        |                    |
|------------------------|--------------------|
| NAME _____             | RELATIONSHIP _____ |
| ADDRESS _____          | TELEPHONE _____    |
| City, State, Zip _____ | TELEPHONE _____    |

Local Hospital of Choice (Please select one)

- Ingalls                       South Suburban                       Christ
- St. James - Olympia Fields                       St. James - Chicago Heights

# MEDICAL INFORMATION

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Medical  
Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Medications  
Taken Regularly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give my permission to the Country Club Hills Police and Fire Departments to release the information contained on this form to authorized persons in case of emergency in accordance with the purpose of this program.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_