



POLICE

COUNTRY CLUB HILLS

EMERGENCY IDENTIFICATION BRACELET PROGRAM

UPDATE FORM

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 _____