



**GLEN ELLYN POLICE DEPARTMENT
EMERGENCY IDENTIFICATION BRACELET
INFORMATION FORM**

**ATTACH
PHOTO
HERE**

OPTIONAL

Last Name		First Name		Middle Name	
M/F	Date of Birth	Home Telephone		Other / Cell Telephone	
Home Address					
Medical Conditions (Diabetes, High Blood Pressure, Allergies, ETC)					
Doctor's Name		Doctor's Address		Doctor's Telephone	
Medications Regularly Taken					
IN CASE OF EMERGENCY CONTACT:					
Name		Telephone			
Address					
Relationship		Other / Cell Telephone			
Name		Telephone			
Address					
Relationship		Other / Cell Telephone			

**I HEREBY GIVE PERMISSION TO THE GLEN ELLYN POLICE DEPARTMENT TO RELEASE THE
INFORMATION ON THIS FORM IN CASES OF EMERGENCY IN ACCORDANCE WITH THE
PURPOSE OF THIS PROGRAM.**

SIGNATURE and DATE _____

GEPD ID BRACLET NUMBER: _____