



**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: _____