

**CITY OF PALOS HEIGHTS  
EMERGENCY IDENTIFICATION  
BRACELET PROGRAM**

I.D. Number:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Sex:    Male    Female    Race: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone:    (    )    \_\_\_\_\_    (    )    \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone:    (    )    \_\_\_\_\_    (    )    \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone:    (    )    \_\_\_\_\_    (    )    \_\_\_\_\_

Lockbox

Location: \_\_\_\_\_

Lockbox Code: \_\_\_\_\_                      Garage Code: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Tattoos \_\_\_\_\_ Scars/Physical Identifiers \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Primary Medical Conditions (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission to the Palos Heights Police Department and the Palos Heights Fire Protection District to release the information contained on this form to authorized persons in cases of emergency in accordance with the purpose of this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_