



EMERGENCY IDENTIFICATION BRACELET PROGRAM APPLICATION

CHICAGO POLICE DEPARTMENT

PLEASE PRINT CAREFULLY

NAME (LAST - FIRST - MIDDLE INITIAL)

PRIMARY LANGUAGE

DATE OF BIRTH

I.D. NO. - POLICE USE ONLY

HOME ADDRESS

ZIP CODE

RACE
1. BLACK
2. WHITE
3. B/HISPANIC
4. W/HISPANIC
5. AMER. IND./ALASKA NAT.
6. ASIAN/PAC. ISLANDER

SEX
M or F

BRACELET SIZE
S or L

HOME TELEPHONE NO.
()

IN CASE OF EMERGENCY NOTIFY

NAME

RELATIONSHIP

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NO.
()

DOCTOR'S NAME

DOCTOR'S TELEPHONE NO.
()

DOCTOR'S ADDRESS

CITY

STATE

ZIP CODE

ALLERGIES (IF ANY)

OTHER MEDICAL CONDITIONS (DIABETES, HIGH BLOOD PRESSURE, ETC.)

MEDICATIONS REGULARLY TAKEN

I HEREBY GIVE PERMISSION TO THE CHICAGO POLICE DEPARTMENT 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

CPD-52.300 (REV. 8/12)

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