



CITY OF OAK FOREST

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EMERGENCY IDENTIFICATION BRACELET PROGRAM

I.D. #:	
Name:	
Sex / Race:	
Birth Date:	
Address:	
City:	
Phone #:	
Mothers Maiden Name:	



MEDICAL INFORMATION:

Doctor:		Hospital of Record:	
Doctor's Address:			
Doctor's Phone #:			

Allergies (if any):	
Primary Medical Conditions (if any):	
Medications Taken Regularly:	

EMERGENCY NOTIFICATION PERSONS:

#1 Name:		#2 Name:	
Relationship:		Relationship:	
Address:		Address:	
Phone #:		Phone #:	
Pager/Cellular #:		Pager/Cellular #:	

#3 Name:		#4 Name:	
Relationship:		Relationship:	
Address:		Address:	
Phone #:		Phone #:	
Pager/Cellular #:		Pager/Cellular #:	