



ID Number

*Applicant: Leave this blank*

**Village of River Forest**  
*River Forest, Illinois*

**Emergency Identification Bracelet  
Registration Form**

(Please Print Clearly)

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**\*\* Not all spaces are required to be filled, but it is best to provide as much information as possible \*\***

**Bracelet Owner's Information**

NAME: \_\_\_\_\_ NICKNAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PHONE: \_\_\_\_\_ SEX: M / F RACE: \_\_\_\_\_

**Emergency Contact Information**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

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**Medical Information (Primary Dr, Social Worker, Psychologist, etc)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Allergies**

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

**Medical Conditions**

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

**Additional Information (Likes, dislikes, destinations, method of communication, etc.)**

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

I hereby give permission to the River Forest Police Department and the West Suburban Consolidated Dispatch Center (WSCDC) to release the information contained on this form to authorized persons in cases of emergency in accordance with the purposes of this program.

Bracelet Owner (or Guardian) Printed name: \_\_\_\_\_

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

**\*\*Feel free to attach additional pages, photographs, or any other pertinent information you wish to be on file\*\***