

SR. CITIZEN'S - DISABLED PERSON'S EMERGENCY I.D. PROGRAM**POLICE USE ONLY**

NAME (LAST- FIRST- M,I.)	D.O.B.	SEX M or F	IDENTIFICATION NO.
HOME ADDRESS	ZIP CODE	HOME TELEPHONE ()	
IN CASE OF EMERGENCY NOTIFY - NAME		RELATIONSHIP	
STREET ADDRESS			
CITY - STATE	ZIP CODE	TELEPHONE ()	
DOCTOR'S NAME		DOCTOR'S TELEPHONE ()	
DOCTOR'S ADDRESS	CITY	STATE	ZIP CODE

CPD-11.446 (REV. 1/07)**PLEASE PRINT CLEARLY****(OVER)**

ALLERGIES (IF ANY)

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

MEDICATION REGULARLY TAKEN

I hereby give permission to the Chicago Police Department to release the information contained on this card to authorized persons in cases of emergency in accordance with the purpose of this program.

SIGNATURE

DATE
