



**VILLAGE OF EAST HAZEL CREST**  
**911**  
**EMERGENCY IDENTIFICATION PROGRAM**



Our 911 system allows Telecommunications Officers (TCO) to access a computer system that will provide information pertaining to anyone having a medical disability. This information is based upon an address and is cross-referenced by name. Such information may be useful to public safety personnel responding to a request for service at an address within East Hazel Crest.

The program can include an identification bracelet for persons living within East Hazel Crest who are senior citizens of the age of 60 or older, or other persons who have medical disabilities. This bracelet contains an identification number that public safety personnel may use to contact the East Hazel Crest 911 Center to obtain information such as name, address, phone number, allergies, medical conditions, medications and persons to contact in the event of emergencies.

If you live within East Hazel Crest, you may obtain a 911 Identification Form from the East Hazel Crest Police or Fire Departments or the East Hazel Crest Village Clerk's Office. If you are unable to pick up a form in person, contact the Police Department Monday thru Friday from 7 a.m. to 5 p.m. and an officer will bring the form to you. If you live within East Hazel Crest, you may ask for an identification bracelet at the time you turn the form in at the East Hazel Crest Police Department. The bracelet is free for persons living within East Hazel Crest.

The Volunteer Fire Department Association is providing funding for the bracelets.

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*PLEASE PRINT CLEARLY AND ATTACH PHOTO*

ID BRACELET : YES NO ID # \_\_\_\_\_

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

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

TELEPHONE : \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

IDENTIFYING MARKS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

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

PRIMARY MEDICAL CONDITIONS (IF ANY): \_\_\_\_\_

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

MEDICATIONS TAKEN REGULARY: \_\_\_\_\_

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

DOCTOR: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

***IN THE EVENT OF AN EMERGENCY THE FOLLOWING PERSON (S) SHOULD BE NOTIFIED  
PLEASE LIST AS MANY CONTACTS AS POSSIBLE***

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

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

TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

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

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

TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

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

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

TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

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

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

TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

I HEREBY GIVE MY PERMISSION TO THE EAST HAZEL CREST POLICE AND FIRE DEPARTMENTS TO RELEASE THE INFORMATION CONTAINED ON THIS FORM TO AUTHORIZED PERSONS IN CASES OF EMERGENCY. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY EITHER DEPARTMENT IN THE EVENT OF ANY CHANGES WITHIN THIS FORM.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_