

WOOD DALE POLICE DEPARTMENT
404 North Wood Dale Road
Wood Dale, IL 60191
(630) 766-2060



Attach a recent
Photograph here.
Face and shoulders
please

Today's Date: ____/____/____

Date of Birth: ____/____/____

Phone #: (____) _____

Name: _____
 First Middle Initial Last

Address: _____
 Street City State Zip Code

Eye Color: _____ Height: _____ Weight: _____ Sex: M F

1. In an Emergency Contact:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: (____) _____ Phone: (____) _____

Relationship: _____ Relationship: _____

2. My Physicians are:

Dr. _____ Phone: (____) _____

Dr. _____ Phone: (____) _____

3. I am currently being treated for the following conditions: (Please circle all that apply)

- | | | | | |
|-----------|--------------------|---------------|---------------------|--------|
| AIDS/HIV | Cataracts | Epilepsy | High Blood Pressure | Stroke |
| Arthritis | Diabetes | Gall Bladder | Kidney Problems | |
| Asthma | Digestive Problems | Glaucoma | Mental Illness | |
| Cancer | Emphysema | Heart Disease | Other: _____ | |

4. In the past, I have been treated for:

5. Prescription medications I currently take: (please copy names from Rx containers)

_____ Pharmacy Name: _____ TX# (____) _____

_____ Pharmacy Name: _____ TX# (____) _____

6. Where my medications are kept: _____

7. Blood Type: _____ Allergies: _____

8: Religion: _____ Clergyman: _____ Phone: (____) _____

9. Hospital Preferred: _____

LIFELINE EMERGENCY MEDICAL INFORMATION

In an Emergency call 9-1-1



Provided by the
WOOD DALE POLICE DEPARTMENT
404 North Wood Dale Rd
Wood Dale, IL 60191
(630) 766-2060