## Village of Orland Park



## Office of Special Services Emergency Identification Bracelet Program

Please Print Clearly		I.D. Number
Name:		
Home Address:		Zip Code: Work Phone:
Height:	Weight:	Eye Color:
Name:		Relationship:
		following person(s) should be notified:  Relationship:
Address:		
Home Phone:		Work Phone: ( )
Cell Phone: ( )		_
Name:		Relationship:
Address:		Zip Code:
Home Phone:		Work Phone: ( )
Cell Phone: ( )		_

Doctor's Name:	Hospital:
Telephone: ( )	-
Allergies (if any):	
Medical Conditions:	
Medications:	
I hereby give my permission to the Village of Or use or disclose the information contained or representing the existence of an emergency in program, for the purpose of carrying out treatment acknowledge the Village of Orland Park shall accuracy of information provided and it is the provide accurate and current information to the wearer of the ID (the "wearer"), if different from himself, herself or on behalf of the wearer, and wearer's agents, representatives, executors, atto hereby forever releases and discharges the Village and employees from all claims, demands or undersigned's or wearer's participation in this proby the Village of Orland Park under this program other than the wearer, indicate legal relationship to	n this form to any person or entity a accordance with the purpose of this nt, payment, or health care operations. I l not be liable or responsible for the e responsibility of the undersigned to Village of Orland Park on behalf of the n the undersigned. The undersigned for ad on behalf of the undersigned or the rneys, administrators, heirs and assigns age of Orland Park, its officials, agents, causes of action arising out of the rogram and/or the release of information. If the person making the application is
Signature:	Date:/
Relationship:	