



**BOLINGBROOK POLICE DEPARTMENT
CRITICAL CARE MEDICAL INFORMATION
CITIZEN SPECIAL NEEDS**



By completing this permission slip regarding your special needs, the information will be placed in the Bolingbrook Emergency Services database located in our E9-1-1 center for the Bolingbrook Police and Fire Departments.

Your name, telephone number and information about your special needs will enable our emergency dispatch personnel to recognize that your call may require special handling.

The information will remain confidential and will be used by only the Bolingbrook Police and Fire Departments to assist in serving your needs better.

INFORMATION RELEASE FORM

NAME	
ADDRESS	APT# or UNIT#
PHONE # <input type="checkbox"/> Voice <input type="checkbox"/> TDD	CELLULAR PHONE #
()	()
DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DESCRIBE YOUR SPECIAL MEDICAL NEEDS AND/OR DISABILITIES (i.e.: Deaf, Blind, Diabetic, Wheelchair Bound, Oxygen, Knox Box, Apnea infant, Autistic, etc.)	
Because of my special needs for medical reasons or as a disabled person, I hereby give my permission for my name, telephone number and above information to be released to any emergency and Law Enforcement personnel that may be responding to my address. I understand that this information will remain confidential and for use only by the Bolingbrook Police and Fire Departments.	
SIGNATURE	DATE

PLEASE MAIL TO:
Bolingbrook Police Department
Attn: Telecommunications
375 W. Briarcliff Road
Bolingbrook, IL 60440