

*Geneva Police Department's*  
**Operation Senior Care**

**EMERGENCY INFORMATION FORM**

**NOTE: If you need assistance completing this form, please call the *Operation Senior Care* Officer at the Geneva Police Department, (630)-232-4736.**

<b>PARTICIPANT INFORMATION</b>						
Last Name:			First Name:		Middle Initial:	
Date of Birth:			Social Security Number:			
Address:				Phone:		
Sex:	Race:	Height:	Weight:	Hair Color:	Eye Color:	
Vehicle Make:			Vehicle Model:		Vehicle Year:	
Vehicle Color:		Vehicle License #:		Vehicle License State:		
<b>MEDICAL INFORMATION</b>						
Doctor's Name:				Phone:		
Hospital Name:						
Chronic Illnesses:						
Allergies:						
Medications:						
Where are your medications normally stored?						
Do you have a Living Will?      Yes      No      (Circle One)						
Do you have an official and signed DNR (Do Not Resuscitate) request form at home? Yes      No      (Circle One)						
Location in home of Living Will and DNR request form:						
<b>DURABLE POWER OF ATTORNEY FOR HEALTHCARE</b>						
Name of designated person:			Home Phone:		Work Phone:	
Street Address:			City:		State:	

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**EMERGENCY INFORMATION FORM (continued)**

<b>NEIGHBOR'S INFORMATION</b>			
Name:		Address:	
Home Phone:		Work Phone:	
Does the neighbor have a key to your home?    Yes                  No                  (Circle One)			
<b>RELATIVE'S INFORMATION</b>			
1) Name:		Relationship:	
Street Address:	City:	State:	
Home Phone:	Work Phone:	Keys to House?	Yes    No (Circle one)
2) Name:		Relationship:	
Street Address:	City:	State:	
Home Phone:	Work Phone:	Keys to House?	Yes    No (Circle one)
<b>SOCIAL WORKER/AGENCY INFORMATION</b>			
Agency Name:		Case Worker's Name:	
Phone:		Does agency have a key to your house?    Yes    No (Circle one)	
Funeral Home Request: Name:	City:	State:	Phone:

I am voluntarily participating in the *Operation Senior Care* program. I hereby authorize the Geneva Police Department, Geneva Fire Department and TriCom Emergency Dispatch Center to provide the above information to emergency personnel employed by the City of Geneva **or other emergency response agencies** during an emergency situation involving me if I am incapacitated or otherwise unable to provide the information myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:** Operation Senior Care Officer  
Geneva Police Department  
20 Police Plaza  
Geneva, Illinois 60134

**OFFICE USE ONLY**  
Approved:  
CAD Entry:  
Update: