



OTTAWA COUNTY SHERIFF'S OFFICE MEDICAL ALERT AWARENESS ID CARD CONSENT FORM

FULL NAME: _____ **AGE:** _____

BIRTHDATE: _____ **SEX : Male / Female** **ETHNICITY:** _____

HAIR COLOR (please circle one): Bald, Black, Blonde, Brown, Gray, Red _____

EYE COLOR (please circle one): Black, Blue, Brown, Gray, Green, Hazel, Red _____

HEIGHT: _____ **WEIGHT:** _____ **Wears Glasses/Contacts: Y / N** _____

BLOOD TYPE: _____ **DIABETIC: Y / N** **TYPE: I. or II.** **PACEMAKER / DEFIBRILLATOR: Y / N** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE(S): _____ **E-MAIL:** _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

PHYSICIAN NAME: _____ **PHYSICIAN PHONE:** _____

MEDICAL CONDITIONS: (Ex: Alzheimers, Dementia, Asthma, Blood Pressure, Arthritis, etc.)

ALLERGIES:

MEDICATIONS:

I AM AUTHORIZED AND DO HEREBY GIVE MY CONSENT FOR THE ABOVE LISTED INDIVIDUAL TO OBTAIN A MEDICAL AWARENESS ALERT ID CARD FROM THE OTTAWA COUNTY SHERIFF'S OFFICE

PAREN /GUARDIAN/CUSTODIAN/SELF SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN/CUSTODIAN/SELF PRINTED NAME: _____

*****RECOMMENDED TO UPDATE ANNUALLY*****