

SCHILLER PARK FIRE DEPARTMENT
CITIZENS' FIRE ACADEMY
Emergency Information Sheet

Name: _____

Address: _____

Date of Birth: _____

In case of emergency, whom shall we contact?

Name/Relationship	Phone Number:
1. _____	_____
2. _____	_____
3. _____	_____

Medical Conditions:

_____ Cardiac/Heart
_____ Breathing/Respiratory
_____ Stroke
_____ Diabetes
_____ Vision/Hearing
_____ Other _____

Do you have any known allergies? Y _____ N _____ What? _____

Note: Certain activities throughout the Citizen's Fire Academy may involve a moderate degree of physical exertion. It is recommended that participants with any of the above mentioned conditions check with their physician prior to participating in the academy. Participation in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.

