

CARRIER WATCH INFORMATION

Name _____ Phone _____ Age _____

Address _____ Apt. No. _____

Person(s) to contact in case of emergency:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Doctor _____ Phone _____

I live alone _____ I live with someone _____ Age of this person _____

Please list any special health problems, such as diabetes, heart trouble, deafness:

After you have completed, you may call in your information to the Human Services Division at (847) 933-8208 or mail to the Village of Skokie, Human Services Division, 5120 Galitz, Skokie, IL 60076.