**TODAY’S DATE: / /**

**MEMBER CONTACT INFORMATION**

First AND Last Name: DOB:  **/ /**

Street Address:

City:  State:  Zip:

Primary Phone #: Secondary Phone #:

**EMERGENCY CONTACT INFORMATION**

Contact First & Last Name: Relationship:

Phone #: Secondary Phone #:

Street Address:

City: State: Zip:

**MEMBER MEDICAL INFORMATION**

Primary Care Physician: Phone #:

Pharmacy of Choice:

Hospital of Choice:

Medical Conditions (*information will be communicated to first responders if dispatched on your behalf*):

**Mail OR Email Completed Form To:**

ROUND ROCK POLICE DEPARTMENT

2701 N. MAYS STREET

ROUND ROCK, TX 78665

**alewing@roundrocktexas.gov**

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**SIGNATURE OF APPLICANT**