

FOR OFFICE USE ONLY
MVID # _____

EMERGENCY CONTACT INFORMATION		
<i>(NEXT OF KIN DESIGNATION)</i>		
RELATIONSHIP TO APPLICANT	EMERGENCY CONTACT FULL NAME	CONTACT PHONE (including area code):
EMERGENCY CONTACT RESIDENTIAL ADDRESS		ALTERNATE PHONE (including area code):
<i>I designate the above individual as my next of kin (emergency contact) and authorize emergency personnel or law enforcement to contact this person in the event I am unable to do so myself.</i>		
APPLICANT NAME <i>(Please Print)</i>		DATE

MEDICAL ALERT DESIGNATION	
<i>(HIPAA permits disclosure to healthcare professionals as necessary for treatment)</i>	
<i>I would like the Medical Alert Designation on my driver license, which specifies the below medical condition to be communicated to a first responder or law enforcement officer in the event I am unable to communicate myself. If additional information is needed, please specify in other.</i>	
<input type="checkbox"/> Food, Drug or Insect Allergy <input type="checkbox"/> Cardiac Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Opioid Treatment <input type="checkbox"/> Addison's Disease <input type="checkbox"/> OTHER (please specify, maximum 34 characters) _____	<input type="checkbox"/> Behavioral/Cognitive Conditions <input type="checkbox"/> Implanted Medical Device <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Do Not Resuscitate <input type="checkbox"/> Pulmonary Conditions (Asthma/COPD)
APPLICANT SIGNATURE	DATE