

**Required information** *All required information is needed to complete your enrollment*

**Member information**

Member Last name \_\_\_\_\_  
 First \_\_\_\_\_  
 Nickname \_\_\_\_\_  
 Address (not a PO Box) \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 Birth date \_\_\_\_\_  Male  Female  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Eye color \_\_\_\_\_ Hair color \_\_\_\_\_  
 Race/ethnicity \_\_\_\_\_  
 Skin tone  Dark  Medium  Fair  
 Health Insurer \_\_\_\_\_

**Details**

*Check all that apply and add description/location*

Mole \_\_\_\_\_  
 Tattoo \_\_\_\_\_  
 Scar \_\_\_\_\_  
 Birth mark \_\_\_\_\_  
 Local police phone (not 911) ( ) \_\_\_\_\_

**Medical conditions**

*(Check the box next to each of your conditions and write in any others. While these conditions are very important, any condition that requires continued physician care or special attention in an emergency should be noted.)*

- |                                                                       |                                                   |
|-----------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Alzheimer's Disease                          | <input type="checkbox"/> Emphysema                |
| <input type="checkbox"/> Angina                                       | <input type="checkbox"/> Epilepsy                 |
| <input type="checkbox"/> Arthritis                                    | <input type="checkbox"/> Glaucoma                 |
| <input type="checkbox"/> Asthma                                       | <input type="checkbox"/> Hearing Impaired         |
| <input type="checkbox"/> Atrial Fibrillation                          | <input type="checkbox"/> Hypertension             |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Myocardial Infarction    |
| <input type="checkbox"/> Congestive Heart Failure                     | <input type="checkbox"/> Organ Transplant         |
| <input type="checkbox"/> Coronary Artery Disease                      | <input type="checkbox"/> Seizure Disorder         |
| <input type="checkbox"/> Dementia                                     | <input type="checkbox"/> Stroke                   |
| <input type="checkbox"/> Diabetes                                     | <input type="checkbox"/> Von Willebrand's Disease |
|                                                                       | <input type="checkbox"/> No Known Conditions      |

**Drug allergies** *List all known drug allergies*

\_\_\_\_\_  
 \_\_\_\_\_

**Medications** *List all medications and dosages, including inhalers*

Medication	Prescribed Dosage
_____	_____
_____	_____
_____	_____

**Member ID jewelry** *Check type and style*

Type:  Bracelet or  Necklace  
 Style:  Purple stainless steel bracelet  
 Stainless steel necklace  
 Exact wrist measurement \_\_\_\_\_ inches  
*Required for bracelet*

**Caregiver information**

**Caregiver** – called first when member is found  
*IDs are sent to this address, unless otherwise specified*

Full name \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Phone *Check best number*  
 Home ( ) \_\_\_\_\_  
 Cell ( ) \_\_\_\_\_  
 Work ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relationship to member \_\_\_\_\_

**Second Caregiver** – called if first caregiver is unreachable

Full name \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relationship to member \_\_\_\_\_

**Optional caregiver ID jewelry and membership** *Check type and style*

Type:  Bracelet or  Necklace  
 Style:  Purple stainless steel bracelet  
 Stainless steel necklace  
 Exact wrist measurement \_\_\_\_\_ inches  
*Required for bracelet*

**CONSENT**

**Important:** By accepting membership in MedicAlert Foundation, for yourself as member or caregiver and/or as caregiver on behalf of the member named above (collectively, "you"), you authorize MedicAlert to release all medical and other confidential information about you in emergencies and to other health care personnel you designate. If you choose to terminate membership, you must notify us in writing and return your jewelry. MedicAlert relies upon the accuracy of the information that you provide. You, therefore, agree to defend, indemnify, and hold MedicAlert (including its employees, officers, directors, agents, and organizations with which it maintains a marketing alliance for the provision of services hereunder) harmless from any claim or lawsuit brought by member or others for injury, death, loss or damages arising in whole or in part out of your provision of incomplete or inaccurate information to MedicAlert. Furthermore, as caregiver for the member named above, you hereby represent and warrant to MedicAlert that you have full power and authority, as the duly authorized representative of such member, to enroll and act on his or her behalf.

Caregiver signature \_\_\_\_\_

Date \_\_\_\_\_

**Cost**

One time enrollment fee	<b>\$49.95</b>
Optional caregiver membership and jewelry (\$25.00)	
Shipping and Handling	<b>\$4.95</b>
<b>TOTAL</b>	

**Annual program administration fee:**

When annual fee is due, I authorize the \$25 charge to my designated account listed below:  
 Yes  No

**Payment**

- Check (Payable to MedicAlert)  
 Visa®  American Express®  
 MasterCard®  Discover®

Card No. \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

**Recent photo of member provided?**  Yes  No  
*Send original photo, passport size or larger. Photo will not be returned.  
 Be sure to write member's name on back of photo.*

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 Safe Return® is a Federally Registered Trademark and Service Mark of the Alzheimer's Association.  
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## Select Your Jewelry Included in Your Membership

### Measure wrist for ID bracelet

Use a flexible tape measure to determine wrist size, or put a string around wrist and measure it against this ruler.

### Front of jewelry

**Z101** Stainless Steel Large Emblem, Purple Logo w/ Bracelet—*not pictured*

**Z102** Stainless Steel Small Emblem, Purple Logo w/ Bracelet



**Z100** Stainless Steel Round Pendant, Purple Logo



### Back of jewelry



Member

Caregiver

**Other Products are available at additional cost.**

**Complete selection available online at [www.medicalert.org/safereturn](http://www.medicalert.org/safereturn)**

**Emblem Engraving:** In an emergency, response personnel need to be aware of your loved one's critical medical information in order to treat them correctly. Their MedicAlert + Safe Return jewelry will be engraved with their member ID number and our 24-hour emergency response number to enable responders to assist your loved one immediately.

**Please Note:** Once your jewelry has been engraved and shipped, there will be an additional charge for any changes requested. Jewelry engraving is personalized to individual members and cannot be transferred to another individual, altered, sold, or returned. To help assure you receive thorough, accurate treatment, the condition our trained staff deems most relevant to your medical needs in an immediate emergency treatment will be engraved on the jewelry.

## How it works

### Member is reported missing

- Information and photo are faxed to local police, who help in the search

### Member is found

- Citizen or police officer finds the person and calls the toll-free number listed on the member's ID jewelry
- MedicAlert + Safe Return notifies member's contacts, making sure the person is returned home

## Cost

### \$49.95 fee includes:

- Items featuring member's personalized jewelry and MedicAlert + Safe Return's 24-hour emergency toll-free number
- Personalized emergency wallet card
- 24-hour emergency response service
- Personal health record (PHR)
- A Safe Return refrigerator magnet

### Add \$25 for caregiver ID jewelry and membership *Optional*

- Membership includes everything listed above
- The caregiver wears this worldwide recognized ID jewelry to alert others that he or she provides care for a MedicAlert + Safe Return member, in case of an emergency

### Annual \$25 program administration fee

- This fee helps MedicAlert + Safe Return respond to the thousands of calls for help each year

## Four easy ways to enroll

**Mail:** MedicAlert + Safe Return  
2323 Colorado Avenue, Turlock, CA 95382  
**Phone:** 1.888.572.8566  
**Web:** [www.medicalert.org/safereturn](http://www.medicalert.org/safereturn)  
**Fax:** 1.800.863.3429

For emergencies call: **1.800.625.3780.**

For additional information on Alzheimer's disease call: **1.800.272.3900** or visit **[www.alz.org](http://www.alz.org)**.

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MedicAlert + Safe Return  
2323 Colorado Avenue  
Turlock, CA 95382