Member enrollment

Last name _____

First name _____

Nickname _____

Address *(no PO Boxes)* _____

City _____

State _____ ZIP code _____

Phone (_____) _____

Birth date _____ ❑ Male ❑ Female

Last 4 digits of Social Security No. _____

Height _____ Weight _____

Eye color _____ Hair color _____

Race/ethnicity _____

Skin tone ❑ Dark ❑ Medium ❑ Fair

❑ Mole ❑ Tattoo ❑ Scar ❑ Birth mark

_____

Drug allergies

List all known drug allergies.

_____

_____

Medications

List all medications and dosages, including inhalers.

Medication	Prescribed Dosage

Medical conditions

Only individuals with Alzheimer's or a related dementia are eligible for the MedicAlert + Safe Return program.

❑ Alzheimer's disease

❑ Other dementia _____

Other conditions

❑ Angina
❑ Arthritis
❑ Asthma
❑ Atrial Fibrillation
❑ Chronic Obstructive Pulmonary Disease (COPD)
❑ Congestive Heart Failure
❑ Coronary Artery Disease
❑ Diabetes
❑ Emphysema
❑ Epilepsy
❑ Glaucoma
❑ Hearing Impaired
❑ Hypertension
❑ Myocardial Infarction
❑ Organ Transplant
❑ Seizure Disorder
❑ Stroke
❑ Von Willebrand's Disease

❑ Other _____

❑ Implant* _____

Primary contact information

Last name _____

First name _____

Address *(no PO Boxes)* _____

City _____

State _____ ZIP code _____

Phone home (_____) _____

Cell (_____) _____

Work (_____) _____

Email _____

* Please list the manufacturer model and serial number, or include a copy of your implant card with this form.

Secondary contact information

Last name _____

First name _____

Address *(no PO Boxes)* _____

City _____

State _____ ZIP code _____

Phone home (_____) _____

Cell (_____) _____

Work (_____) _____

Email _____

Optional $35 caregiver enrollment

Last name _____

First name _____

Nickname _____

Address *(no PO Boxes)* _____

City _____

State _____ ZIP code _____

Phone home (_____) _____

Cell (_____) _____

Work (_____) _____

Birth date _____ ❑ Male ❑ Female

Last 4 digits of Social Security No. _____

Drug allergies

List all known drug allergies.

_____

_____

Medications

List all medications and dosages, including inhalers.

Medication	Prescribed Dosage

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.

- ❑ Angina
- ❑ Arthritis
- ❑ Asthma
- ❑ Atrial Fibrillation
- ❑ Chronic Obstructive Pulmonary Disease (COPD)
- ❑ Congestive Heart Failure
- ❑ Coronary Artery Disease
- ❑ Diabetes
- ❑ Emphysema
- ❑ Epilepsy
- ❑ Glaucoma
- ❑ Hearing Impaired
- ❑ Hypertension
- ❑ Myocardial Infarction
- ❑ Organ Transplant
- ❑ Seizure Disorder
- ❑ Stroke
- ❑ Von Willebrand's Disease

❑ Other _____

❑ Implant* _____

❑ No known medical conditions

Emergency contact

Last name _____

First name _____

Nickname _____

Phone home (_____) _____

Cell (_____) _____

Work (_____) _____

Member ID jewelry & payment

Select your ID jewelry included in your membership

Products are shipped to the primary caregiver unless otherwise requested.

Measure wrist for ID bracelet

Use a flexible tape measure to determine wrist size, or wrap a string around your wrist and measure it against the ruler on the side of this page.

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

Other products are available online at 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. 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.

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.

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Member jewelry selection

Type ❑ Small stainless steel bracelet ($1\frac{3}{8}$")
❑ Large stainless steel bracelet ($1\frac{5}{8}$")
❑ Stainless steel pendant ($1\frac{1}{4}$") with necklace (26" chain)

Exact wrist measurement _____ inches

(Required for bracelet. Please measure wrist snugly and add $\frac{1}{2}$".)

Caregiver jewelry selection (if purchasing caregiver membership)

Type ❑ Small stainless steel bracelet ($1\frac{3}{8}$")
❑ Large stainless steel bracelet ($1\frac{5}{8}$")
❑ Stainless steel pendant ($1\frac{1}{4}$") with necklace (26" chain)

Exact wrist measurement _____ inches

(Required for bracelet. Please measure wrist snugly and add $\frac{1}{2}$".)

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.

Signature

_____

Recent photo of member provided?

❑ Yes ❑ No

Send original photo, passport size or larger. Photo will not be returned. Please write member's name on back of photo.

Cost

One time enrollment fee	**$ 55**
Optional caregiver membership and jewelry ($35)	_____
Shipping and handling	**$ 7**
Total	**$** _____

$35 annual renewal fee

When annual fee is due, I authorize the $35 charge to my designated account listed below:

❑Yes ❑No

Payment

❑Check *(made payable to MedicAlert Foundation)*

❑Visa® ❑Mastercard®

❑American Express® ❑Discover®

Card number _____

Expiration date _____/_____

Cardholder's name:

_____

Cardholder's signature:

_____