

# MEDICALERT NEW ENROLLMENT FORM

Please complete one form for each individual enrolling and return to: Alz Central Ohio Chapter 1379 Dublin Rd. Columbus, OH 43215

PERSON WEARING THE MEDICAL ID	INFORMATION FOR YOUR EMERGENCY HEALTH RECORD		
(All fields required)			
LAST NAME	MEDICAL CONDITIONS & DEVICES  For example: Alzheimer's, memory impaired, diabetes, insulin pump, pacemaker		
	. от статтрет паление од тенео, у транесо, инаделесо, поит ритер, расстине		
FIRST NAME			
ADDRESS			
ADDRESS			
APT# CITY			
STATE ZIP			
EMAIL	ALLERGIES		
HOME PHONE MOBILE PHONE	List all known food, drug or other allergies		
BIRTHDATE (MM/DD/YYYY) LAST 4 DIGITS OF SSN			
GENDER (CHECK ONE)			
☐ Female ☐ Male ☐ Prefer not to say			
Prefer to self-describe:			
ENROLLEE IS (CHECK ONE):			
Person Living With Dementia			
$\square$ *Caregiver for: ${\text{MEMBER FULL NAME}}$ MEMBER DATE OF BIRTH	MEDICATIONS		
*NOTE: If the person you are a caregiver for is enrolled in MedicAlert,	List all medications and dosages, including inhalers  If more room is needed please attach a separate sheet.		
your ID will include "Caregiver for" and the member ID of that person.			
EMERGENCY CONTACT			
FULL NAME			
RELATIONSHIP TO ENROLLEE			
MOBILE PHONE			
	WHAT DO YOU WANT ENGRAVED ON YOUR ID?		
EMAIL	Engraving should include your most critical information. All other health data		
	provided here will be available to first responders in your Emergency Health Profile.		
ALZ CHAPTER ONLY			
Central Ohio Chapter			
ALZ CHAPTER			
Missy Rouse 614.643.2135			
CONTACT NAME CONTACT PHONE			
mrouse@alz.org CONTACT EMAIL			
CORE Services			
FUNDING SOURCE (IF APPLICABLE) GRANT NAME (IF APPLICABLE)	Once your enrollment is processed, you'll receive an email from MedicAlert with a link to complete your full online health profile.		

## **CHOOSE AN ID**

(For more styles, visit medicalert.org)

# CLASSIC STEEL BRACELET WITH COLOR - \$24.99 Red White Blue A55: A75: Pink Orange A65: A65: A65: Sizes available: 4" - 10" in ½" increments Size needed:



# LARGE CLASSIC STEEL BRACELET WITH COLOR \$29.99 ☐ Purple (A729) ☐ Red (A091) ☐ Black (A740)

Sizes available: 4" - 10" in 1/2" increments

Size needed:



# CLASSIC STEEL NECKLACE WITH CURB CHAIN - \$29.99

Purple (A730) Red (A721) Black (A738)

Comes on a 26" or 30" curb chain

Size needed: \_\_\_\_\_



#### **STAINLESS STEEL DOG TAG - \$24.99**

Black/Red on 30" beaded chain (A600)

Steel/Red on 30" beaded chain (A601)



## **SPORT SILICONE BRACELET - \$24.99**

Black (A011) Blue (A012) Violet (A013)

Pink (A014) Red (A015)

Sizes available: Sm: 5"-6", Med: 6"-7", Lg: 7"-8"

Size needed:



#### **STRETCH BAND - \$44.99**

Gold Tone & Steel (A704) Gold Tone (A706)

Steel (A734) **- \$34.99** 

Sizes available: Sm: 5"-6", Med: 6.5"-7.5", Lg: 8"-9"

Size needed:

# SIZING INFORMATION

It's important your MedicAlert $^{\circ}$  emblem fits comfortably around your wrist. To determine your size, snugly wrap a tape measure around your wrist. Note the measurement, then add half an inch. This is the size MedicAlert bracelet you'll need.

# CHOOSE A MEMBERSHIP PLAN WITH 24/7 WANDERING SUPPORT (NOTE: membership plan is required)

Advantage	(\$49.99/yr)
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#### MEMBERSHIP BENEFITS:

- 24/7 Emergency Response Team
- Emergency Health Profile
- Emergency Contact Notification
- Personal Profile
- Portrait Photo (selfie)
- Printable Health Profile

Advantage Plus (\$74.99/yr)

#### **INCLUDES ALL ADVANTAGE BENEFITS, AS WELL AS:**

- Physician Notification
- Advance Directive/DNR
- Document Storage

# **PAYMENT** FREE Enrollment fee through June 15, 2020

ID TOTAL
MEMBERSHIP TOTAL
SHIPPING
TOTAL
HIP TOTAL

For your convenience & to ensure uninterrupted membership with MedicAlert, your credit card will automatically be charged for your membership on your annual renewal date.

# **PAYMENT TYPE**

	Check	(make na	vable to	MedicAler	t Foundation)
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☐ MasterCard® ☐ Visa® ☐ Discover® ☐ AMEX®

No other cards accepted. No CODs. Payment must accompany order.

CREDIT CARD NUMBER

EXPIRATION DATE (MM/YY)

SECURITY CODE

CARD HOLDER'S NAME

CARD HOLDER'S BILLING ADDRESS

CITY

STATE

ZIP

SIGNATURE FOR CARD AUTHORIZATION

# RELEASE

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. Read the full consent at www.medicalert.org/consent.

SIGNATURE OF MEMBER OR REPRESENTATIVE

DATE