

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 (All fields required)		INFORMATION FOR YOUR EMERGENCY HEALTH RECORD	
		MEDICAL CONDITIONS & DEVICES	
LAST NAME		For example: Alzheimer's, memory impaired, diabetes, insulin pump, pacemaker	
FIRST NAME			
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 no ☐ Prefer to self-describe:	t to say		
ENROLLEE IS (CHECK ONE):			
Person Living With Dementia			
*Caregiver for: MEMBER FULL N *NOTE: If the person you are a ca	NAME MEMBER DATE OF BIRTH oregiver for is enrolled in MedicAlert, or and the member ID of that person.	MEDICATIONS List all medications and dosages, including inhalers If more room is needed please attach a separate sheet.	
EMERGENCY CONTACT			
FULL NAME			
RELATIONSHIP TO ENROLLEE			
MOBILE PHONE			
EMAIL		WHAT DO YOU WANT ENGRAVED ON YOUR ID? 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 13	79 Dublin Rd. Columbus, OH 43215		
ALZ CHAPTER			
Missy Rouse	614.643.2135		
CONTACT NAME	CONTACT PHONE		
mrouse@alz.org			
CONTACT EMAIL	CORE Samilage		
ELINDING COURCE (15 APRILICAS: 5)	CORE Services	Once your enrollment is processed, you'll receive an email from MedicAlert with a	
FUNDING SOURCE (IF APPLICABLE)	GRANT NAME (IF APPLICABLE)	link to complete your full online health profile.	

CHOOSE AN ID

(For more styles, visit medicalert.org)







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

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

FREE enrollment for grant approved applications for Central Ohio Chapter through June 15, 2020

ID TOTAL	FREE
MEMBERSHIP TOTAL	FREE
SHIPPING	FREE
TOTAL	\$0

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 payable to MedicAlert Foundation)						
☐ MasterCard [*] ☐ Visa [*] ☐ Discover [*] ☐ AMEX [*]						
No other cards accepted. No CODs. Payment must accompany order.						
005017.0400.41114050						
CREDIT CARD NUMBER						
EXPIRATION DATE (MM/YY)	SI	ECURITY CODE				
CARD HOLDER'S NAME						
CARD HOLDER'S BILLING ADDRESS						
CITY	STATE	ZIP				
	JIAIL	2.1				
SIGNATURE FOR CARD AUTHORIZA	TION					

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