

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.)

- Alzheimer's Disease
- Angina
- Arthritis
- Asthma
- Atrial Fibrillation
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure
- Coronary Artery Disease
- Dementia
- Diabetes
- Emphysema
- Epilepsy
- Glaucoma
- Hearing Impaired
- Hypertension
- Myocardial Infarction
- Organ Transplant
- Seizure Disorder
- Stroke
- Von Willebrand's Disease
- 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	\$49.95
<i>Optional caregiver membership and jewelry (\$25.00)</i>	
Shipping and Handling	\$4.95
TOTAL	_____

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.

Select Your Jewelry Included in Your Membership

1" 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.

2" 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



3" Back of jewelry



Member

Caregiver

Other Products are available at additional cost.

Complete selection available online at 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

EASY WAYS TO JOIN:

Mail: 606 W. Glen Ave., Peoria, IL 61614

Call: 309.681.1100

Fax: 309.681.1101

For emergencies call: **1.800.625.3780.**

For additional information on Alzheimer's disease call: **1.800.272.3900** or visit www.alz.org.