

MEDICALERT NEW ENROLLMENT FORM

Please complete one form for each individual enrolling.

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 not to say	
☐ Prefer to self-describe:	
ENROLLEE IS (CHECK ONE):	
☐ Person Living With Dementia	
*Caregiver for: MEMBER FULL NAME MEMBER DATE OF BIRTH *NOTE: If the person you are a caregiver for is enrolled in MedicAlert, your ID will include "Caregiver for" 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	
ALZ CHAPTER NAME	
CONTACT NAME CONTACT PHONE	
CONTACT EMAIL	
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)

☐ Pink

CLASSIC STEEL BRACELET WITH COLOR - \$24.99

☐ Red (A751) (A126)

■ White ☐ Blue (A655)

□ Black

☐ Green (A657)

180

□ Orange ■ Purple (A656) (A659)

☐ Light Blue

Sizes available: 4" - 10" in 1/3" 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)



☐ Pink (A014)



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)

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	
ID TOTAL	
MEMBERSHIP TOTAL	

\$7.00 **SHIPPING**

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 payable to MedicAlert Foundation)
- ☐ 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