MedicAlert® *Safely Home*®

SUBSCRIBER INFORMATION FORM

Please fill out this form on behalf of the subscriber.
For assistance call us at 1-855-581-3794 (toll free, Mon-Fri 9am-5pm EST).

SUBSCRIBER'S PERSONAL INFORMATION

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr. First Name _____ Last Name _____

Name to be engraved on I.D. _____ Gender: ❑ M ❑ F Date of Birth (m/d/y) ___/___/___

Language Spoken: ❑ English ❑ French ❑ Other _____

Is the subscriber a veteran currently receiving benefits from Veteran Affairs Canada (VAC)? ❑ Yes ❑ No

(If **Yes**, please indicate the member's VAC Health ID # below and **do not** enclose payment. We will confirm with Veterans Affairs Canada if the member is eligible for this service and we'll contact you if needed)

VAC Health Identification Number K ___ ___ ___ ___ ___ ___ ___

SUBSCRIBER'S LIVING ARRANGEMENT

❑ Alone ❑ With family ❑ Facility _____ ❑ Other _____

Address _____ Apt. _____ City _____ Province/Territory _____ Postal Code _____

Main No. _____ Bus No. _____ Ext. _____ Cell No. _____

DESCRIPTION OF SUBSCRIBER

Height: ____ft ____in or ____cm Weight: ____ lbs or ____kg Hair colour _____ Eye colour _____

Race: ❑ Aboriginal ❑ Arab/West Asian ❑ Black ❑ Caucasian ❑ Chinese ❑ Filipino ❑ Japanese
❑ Korean ❑ Latin American ❑ Mixed ❑ South Asian ❑ Other _____ ❑ Unknown

Skin complexion: ❑ Dark ❑ Olive ❑ Light/Fair ❑ Ruddy ❑ Sallow ❑ Other _____

Visible marks: ❑ Scars ❑ Marks ❑ Moles ❑ Tattoos ❑ Freckles ❑ Deformities ❑ Pimples/pockmarked

Description / location of visible marks: _____

WANDERING HISTORY

How many times has the member wandered in the past? ❑ Never ❑ 1-4 times ❑ Over 4 times

Please specify possible places where this person may wander to (eg. former living addresses or places of employment, favourite stores, post office, etc.): _____

_____

_____

CAREGIVER INFORMATION (MAIN CONTACT)

Name _____ Relationship _____

Address _____ Apt. _____ City _____ Province/Territory _____ Postal Code _____

Main No. _____ Best time to call _____ Bus No. _____ Ext. _____ Cell No. _____

Email _____ Language: ❑ English ❑ French

❑ Please check this box to indicate that, as the caregiver, you have the permission of the subscriber or a legal right to receive all correspondence on their behalf, unless otherwise stated.

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MEMBER INFORMATION FORM

MEDICAL CONDITIONS (RECOGNIZED MEDICAL TERMINOLOGY AND ABBREVIATIONS WILL BE USED)

Engraving language: ❑ English ❑ French

Medical conditions (include any major surgeries or medical procedures):_____

_____

_____

_____

All current prescription medications:_____

_____

_____

_____

Allergies/anaphylaxis:_____

_____

_____

_____

Do you use an epinephrine injector? ❑ Yes ❑ No

Implants/devices (include a copy of your implant card if possible):

Type_____ Manufacturer_____

Model No._____ Serial No._____

Special needs_____

EMERGENCY MEDICAL CONTACTS

Physician 1_____ Specialty_____

Bus. No._____ ext._____

Physician 2_____ Specialty_____

Bus. No._____ ext._____

OTHER PERSONAL EMERGENCY CONTACTS

1. Name _____ Relationship_____

Address_____ Apt. _____ City_____ Province/Territory_____ Postal Code_____

Main No._____ Best time to call_____ Bus No._____ Ext._____ Cell No._____

Email_____ Language: ❑ English ❑ French

2. Name _____ Relationship_____

Address_____ Apt. _____ City_____ Province/Territory_____ Postal Code_____

Main No._____ Best time to call_____ Bus No._____ Ext._____ Cell No._____

Email_____ Language: ❑ English ❑ French

MedicAlert® *Safely Home*®

ORDER FORM

CHOOSE THE STYLE

❒ Stainless Steel Blue ID #157

❒ Designer Stainless Steel Blue ID #158

CHOOSE WRIST SIZE

❒ 5″
❒ 5 ½″ ❒ 6 ½″ ❒ 7 ½″
❒ 6″ ❒ 7″ ❒ 8″

For only $60* receive 1-year of MedicAlert protection plus a free MedicAlert Stainless Steel 'Blue' ID.
*Price includes applicable taxes and s&h

METHOD OF PAYMENT

❒ Cheque

Please make your $60 cheque payable to: Canadian MedicAlert Foundation,
895 Don Mills Rd, Suite 600
Toronto ON M3C 1W3

❒ VISA
❒ MasterCard
❒ American Express

Credit card # _____/_____/_____ Expiry Date (m/y) ____/____

Name as it appears on card: _____ Signature: _____

READ & SIGN THE PRIVACY AGREEMENT BELOW.

Consent: By becoming a member, purchasing and wearing any emblem or product identifying you as a MedicAlert® member, you will be agreeing to the arrangement summarized below and described in the MedicAlert Member Statement that you may obtain on our website (MedicAlert.ca) or by calling (1-800-668-1507). **YOU MUST READ THE MEMBER STATEMENT BEFORE APPLYING FOR MEDICALERT MEMBERSHIP BECAUSE IT DESCRIBES THE CHOICES YOU HAVE ABOUT MEDICALERT PROGRAMS AND SERVICES, THE INFORMATION YOU RECEIVE FROM US (see below as well), AND OTHER IMPORTANT MATTERS AFFECTING YOUR PRIVACY AND SAFETY.** Please call us if you would like an explanation or to discuss anything in the Member Statement.

When you become a member, MedicAlert will create an electronic file under your name, which will be kept at MedicAlert in Toronto, and will hold all of the information about you and your health that we receive from you and/or others. MedicAlert will provide you with a customized MedicAlert ID, its 24-hr hotline (emergency) service, and information. **MedicAlert will disclose information in your file to emergency personnel and others, including MedicAlert operators in the U.S.A., to provide you with the hotline service. MedicAlert may share and receive personal information about you at any time from anyone you name as a contact, unless you specify otherwise.**

If you participate in the MedicAlert® Safely Home® Program, MedicAlert will also provide some of the information in your file to the Alzheimer Society of Canada and the local Alzheimer Society chapter for the purposes of offering access to support and education. You will also receive information about how the work of the Alzheimer Society in Canada is funded, unless you decline below.

You may review your file online or by calling us. You are responsible for making sure that the information in your file is correct. MedicAlert will not be responsible for any harm caused because the information in your file is incomplete or inaccurate. You will be required to pay member fees. You or MedicAlert may cancel your membership by following the MedicAlert Cancelation Process - **You will not receive any MedicAlert services and will be required to stop wearing your MedicAlert ID as soon as you stop being a member.**

You ACKNOWLEDGE and agree that you have read and understand the MedicAlert Member Statement available online at MedicAlert.ca and by calling 1-800-668-1507. If you are not the applicant, you represent that you have the permission of the applicant or a legal right to complete this form on behalf of the applicant.

Signature: _____ Date: _____

Name: (print) _____ Phone Number: _____

Relationship to subscriber: _____

You will receive special promotions, and information on third party (partner) programs that may be of interest to you, unless you decline below.

Communication	**Method**			
Email (E); Mail (M); Mobile/Text (T); Do Not Send (D)	E	M	T	D
All communications	❒	❒	❒	❒
Newsletters & member stories	❒	❒	❒	❒
MedicAlert Foundation product news	❒	❒	❒	❒
MedicAlert Foundation offers & promotions	❒	❒	❒	❒
3rd Party partner offers	❒	❒	❒	❒
Information about Charitable Work				
• MedicAlert Foundation	❒	❒	❒	❒
• Alzheimer Society	❒	❒	❒	❒