



MedicAlert® Safely Home®

People with dementia sometimes lose the ability to recognize familiar places, to communicate or to remember their own name or address. The Alzheimer Society and MedicAlert Foundation Canada created MedicAlert Safely Home, a service that helps identify and return a person safely home.

SIGN UP TODAY AND RECEIVE \$10 OFF*
**Now, for only \$50 receive one year of MedicAlert protection,
a FREE MedicAlert ID, FREE registration and FREE shipping**

Mail your completed form to: MedicAlert Foundation Canada
Morneau Shepell Centre II, 895 Don Mills Road, Suite 600, Toronto, ON M3C 1W3
or Fax completed form to 1-800-392-8422

Information about the person living with dementia

First Name: _____ Last Name: _____

Name to be engraved on bracelet: _____

Date of Birth(m/d/y): _____ Gender: Male Female

Height: _____ Hair colour: _____

Weight: _____ Eye colour: _____

Race: _____ Visible marks: _____

Skin complexion: _____ Language(s) spoken: _____

How many times has the person with dementia been lost?

Never 1-4 Times More than 4 times

Possible locations (e.g., former living address or places of employment, favourite stores etc)

Emergency Contact

First Name: _____ Last Name: _____

Relationship to the person with dementia: _____

Street Address: _____ Apt: _____

City: _____ Prov: _____ Postal Code: _____

Phone number: _____ Cell number: _____

Email: _____

By providing your email address you are giving MedicAlert the permission to email you for communication purposes.

Please check this box that, as the care partner you have the permission of the person with dementia or the legal right to receive all correspondence on their behalf, unless otherwise stated.

Medical Contact

Physician Name: _____ Physician Phone: _____

Medical Conditions/Allergies/Medications

Select your bracelet style



Stainless Steel Blue ID #157

Designer Stainless Steel Blue ID #158

Choose wrist size:

5" 5 1/2" 6" 6 1/2" 7" 7 1/2" 8"

Recent photo

Attach a recent, good quality, head and shoulders photograph of the person living with dementia.

Method of payment

Bank Account Debit – I authorize MedicAlert Foundation Canada to debit my bank account for payments and costs (void cheque enclosed).

Cheque (Please make cheque payable to **MedicAlert Foundation Canada**)

VISA MasterCard American Express

Credit Card # _____ / _____ / _____ / _____ Expiry date (m/y) _____ / _____

Name on card: _____ Signature: _____

As per the plan I selected above, I give permission to charge my credit card or debit my bank account (void cheque enclosed) accordingly to keep me protected.

Is the subscriber a veteran currently receiving benefits from Veteran Affairs Canada (VAC)? Yes No
VAC Health Identification Number K _____

Subscriber statement

Print Name: _____ Signature: _____

You acknowledge that you have read and understand the MedicAlert Subscriber statement available online at www.medicalert.ca/Help/Subscriber-Statement or by calling 1.800.668.1507. If you are not the applicant, you represent that you have the permission of the registrant or a legal right to complete this form on behalf of the registrant.

WE'RE HERE TO HELP! Contact your local Alzheimer Society to learn about how dementia will affect the abilities of the person you are supporting. We'll help you explore a range of strategies that can help the person with dementia live as safely as possible. www.alzheimer.ca/helpnearyou | 1-800-616-8816