

 MedicAlert® *Safely Home*®

FREEDOM. SAFETY. PEACE OF MIND.

When someone with dementia goes missing, MedicAlert will bring them *Safely Home*.



Alzheimer Society

IF YOUR LOVED ONE EVER GOES MISSING, WE'RE THEIR LIFELINE HOME.

The MedicAlert ID and service was originally created to help medics treat people quickly and effectively who couldn't speak for themselves. Today, the service can also help people with dementia who go missing.

People with dementia can become lost even in familiar places. If you care for someone with Alzheimer's disease or other dementias, the scenario you likely fear most involves that person getting lost and coming to harm. Now, with MedicAlert protection, there's an effective way to help bring your loved one safely home.



SPEAKS FOR THOSE WHO CAN'T

Safely Home®, a nation-wide program originally developed by the Alzheimer Society of Canada, is now available through Canadian MedicAlert Foundation. How does it work? Personal information and a hotline number are engraved on a MedicAlert bracelet or necklace that's worn full-time by a person with dementia. Should they ever go missing, police can quickly identify them by calling the MedicAlert 24-hour Emergency Hotline.



NOTIFIES FAMILY

People with dementia can become disoriented even in familiar places. When called, the 24-hour emergency hotline specialists immediately contact family members and caregivers to let them know the situation and location of their loved one, reducing anxiety for everyone.

AVAILABLE 24/7

Your loved one's identification, health records and emergency contacts are readily available through the 24-hour emergency hotline. With MedicAlert services, first responders can quickly get the personal information they need to contact you as their caregiver—immediately—and help get your family member safely home.

3 EASY WAYS TO ENROL

1. ONLINE

Visit medicalert.ca/safelyhome

▶ **Enrol now and receive \$25 off the initial cost of an ID – for a limited time. Offer code MASHPP12**

2. BY PHONE

Call 1.855.581.3794

3. BY MAIL

Complete the attached form (front and back) and mail to: **Canadian MedicAlert Foundation**, 2005 Sheppard Ave. East, Suite 800, Toronto, ON M2J 5B4

ONLY \$5 PER MONTH!*

MEMBERSHIP INCLUDES:

- Our 24-hour emergency hotline staffed with medically trained specialists ready to speak for your loved one in 140 languages
- Emergency hotline specialists available to answer within 5 seconds and immediately supply first responders with your loved one's emergency contact information and critical health information
- Emergency hotline specialists ready to immediately contact family members and caregivers to alert them about your loved one's whereabouts once the hotline is called
- 24/7 access to your loved one's secure personal online health record for easy updates



See over 100 MedicAlert IDs at
medicalert.ca

*One-time \$24 registration fee required.

**WITH MEDICALERT
SAFELY HOME SERVICE, EVERYONE
WILL SLEEP BETTER.**

Register your family member now. It's one of the simplest yet most caring things you can do for a person living with Alzheimer's disease or other dementias. And it may well save their life.

Alzheimer Society

Safely Home® is a registered trademark of the Alzheimer Society of Canada.

Charitable registration number: 11878 4925 RR0001



MedicAlert®

Canadian MedicAlert Foundation
Fondation canadienne MedicAlert

1.855.581.3794 | medicalert.ca/safelyhome

MedicAlert® is a registered trademark and service mark.
A National Registered Charity 10686 3293 RR0001.

1. Visit **medicalert.ca** to view over 100 ID varieties
2. Measure your wrist comfortably if ordering a bracelet or watch
3. Place the product code, product name, preferred size (sizing information on product page) and price in the appropriate columns
4. Fill out the order form as directed (combined provincial tax, membership, payment option)
5. Mail completed order form to: Canadian MedicAlert® Foundation, 2005 Sheppard Ave. E., Suite 800, Toronto ON M2J 5B4
If you require assistance, please contact us at 1.855.581.3794

Order Form - shaded areas must be filled in

Product Code #	Product Name	Bracelet/Watch Size	Price
			A
		Shipping & Handling	B \$ 8.99
		Subtotal 1 (add lines A & B)	C
	Applicable Product discount, enter offer code:		D - \$
		Taxable Amount (Subtract D from C)	E
AB, YT, NT, NU 5.00%	ON, NB, NF 13.00%	NS 15.00%	BC, MB 12.00%
SK 10.00%	QC 14.975%	PEI 15.50%	Sales Tax (Line E x prov. tax from chart on left)
		Subtotal 2 (add lines E & F)	G
		One-time Registration Fee	H \$24.00
<input type="checkbox"/> Monthly = \$5*;	<input type="checkbox"/> 15 months = \$75;	<input type="checkbox"/> 24 months = \$110;	<input type="checkbox"/> 36 months = \$150
		Membership Fee	I
	Applicable Registration/Membership Fee discount, enter offer code:		J - \$
		Subtotal 3 (add lines G, H, I, subtract J)	K
	Friends & Family referral offer code**:		L - \$
<input type="checkbox"/> *I give permission to charge my credit card monthly to keep me protected.		Total Payment (Subtract L from K)	

*Available with credit card payment only. **For more information please call 1.855.581.3794 Prices are subject to change without notice.
GST/HST Registration # 10686 3293 QST Reg. #1022707074 National Registered Charity # 10686 3293 RR0001

METHOD OF PAYMENT

- Cheque VISA MasterCard American Express

Please make cheque payable to **Canadian MedicAlert Foundation**

Credit Card # _____ / _____ / _____ / _____ Expiry Date (month/year) ____ / ____

Name as it appears on card _____ Signature _____

Ensure you read and sign the member consent 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 Cancellation 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 will receive special promotions, and information on third party (partner) programs that may be of interest to you, unless you decline below.

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

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.

Name: (print) _____ Phone Number: _____

Relationship to member: _____

COMPLIMENTARY RULER. Use a cloth ruler or the one provided to measure your wrist comfortably if ordering a bracelet or watch.



Applicant's Personal Information

Has applicant ever been a MedicAlert® member? No Yes MedicAlert ID# _____
First Name _____ Last Name _____ Mr. Mrs. Ms. Dr. Gender M F
Communications English French Name to be engraved _____ Date of Birth (m/d/y) / /
Address _____ Apt. _____ City _____ Province/Territory _____ Postal Code _____

Caregiver Information

If new member is in the care of a caregiver, please specify name of caregiver responsible for keeping the member record up to date.
Caregiver should be the first Personal Emergency Contact.

Name _____ Relationship _____
Address _____ Apt. _____ City _____ Province/Territory _____ Postal Code _____
Phone number (____) _____ ext. _____ Alternate number (____) _____ ext. _____
Communications English French Best time to call _____ Email _____ Not available
Mailing address if different from above (Required)

Address _____ Apt. _____ City _____ Province/Territory _____ Postal Code _____
 As the caregiver, you represent that you have the permission of the applicant or a legal right to receive all correspondence on behalf of the applicant, unless otherwise stated.

Emergency Medical Contacts

Physician 1 _____ Specialty _____
Tel. (____) _____ ext. _____ Is this the referring physician?
Physician 2 _____ Specialty _____
Tel. (____) _____ ext. _____

Personal Emergency Contacts

1. Name _____ Relationship _____
Home Tel. (____) _____ Alternate Tel. (____) _____
Address _____ Apt. _____ City _____ Province/Territory _____ Postal Code _____
2. Name _____ Relationship _____
Home Tel. (____) _____ Alternate Tel. (____) _____
Address _____ Apt. _____ City _____ Province/Territory _____ Postal Code _____

Description of the Applicant

Height _____ Weight _____ Race _____ Skin complexion _____ Hair color _____ Eye color _____
Living arrangements of the member Alone With family (Specify which contact) _____
 Facility: Name _____ Address _____
Visible marks Scars Marks Tattoos Deformities Location _____
Wandering history: How many times has the member wandered in the past? _____ Possible locations _____

Check here to have our call centre contact you if you have more information about wandering history and possible locations.

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 _____

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