

Required information All required information is needed to complete your enrollment

Member information

Member Last name, First, Nickname, Address, City, State, ZIP code, Phone, Birth date, Height, Weight, Eye color, Hair color, Race/ethnicity, Skin tone, Health Insurer

Details

Mole, Tattoo, Scar, Birth mark, Local police phone, Medical conditions (Check the box next to each of your conditions and write in any others...)

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READY TO MAIL? Detach envelope, enclose payment and photo, and send.

Drug allergies List all known drug allergies

Medications List all medications and dosages, including inhalers

Table with columns: 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

Caregiver information

Caregiver - called first when member is found, Full name, Mailing address, City, State, ZIP code, Phone, 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

CONSENT

Important: By accepting membership in MediAlert Foundation, for yourself as member or caregiver and/or as caregiver on behalf of the member named above (collectively, "you"), you authorize MediAlert to release all medical and other confidential information about you in emergencies and to other health care personnel you designate...

Caregiver signature

Date

Cost

Table with 2 columns: Description, Amount. Rows: One time enrollment fee (\$49.95), Optional caregiver membership and jewelry (\$25.00), 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 MediAlert), Visa, MasterCard, American Express, 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.

Prices effective 11/2007 and subject to change without notice.

