MedicAlert® FOUNDATION

1: Families/Residents fill out and sign form

2: Agency enters information from form into online portal at www.medicalert.org/partners

❑ **MedicAlert Found - Autism** (individuals with autism or developmental disorders)

OR

❑ **MedicAlert + Alzheimer's Association Safe Return** (individuals with Alzheimer's or dementia)

PERSONAL INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

UNIT/APT #

CITY

STATE

ZIP

PHONE ❑ Home ❑ Cell ❑ Work

❑ Home ❑ Cell ❑ Work

EMAIL ADDRESS (REQUIRED)

DATE OF BIRTH

❑ Male ❑ Female

GENDER

EMERGENCY CONTACTS

PRIMARY EMERGENCY CONTACT

RELATIONSHIP

EMERGENCY CONTACT'S PHONE

SECOND PHONE

PRIMARY PHYSICIAN

PHYSICIAN PHONE

MEDICAL CONDITIONS/ALLERGIES/MEDICATIONS

NO KNOWN ❑ MEDICAL CONDITIONS ❑ ALLERGIES ❑ MEDICATIONS

ENGRAVING YOU WOULD LIKE

Engraving character limits vary. List most important items first.

LINE 1

LINE 2

LINE 3

LINE 4

SELECT YOUR MEDICAL ID (LIGHT BLUE FOR AUTISM & PURPLE FOR DEMENTIA)

❑

SMALL BRACELET
wrist size* _____

❑

LARGE BRACELET
wrist size* _____

❑

PENDANT
chain length
❑ *26″* ❑ *30″*

Please measure your wrist & add ½″

CUSTOMER SIGNATURE **DATE**

By signing above you agree to our terms & conditions as shown online at www.medicalert.org/consent.
A parent or guardian signature is required for members under 18.