



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)

Male

Female

DATE OF BIRTH

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)



*Please measure your wrist & add 1/2"

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.