

Special event offer:

For only \$30, receive one year of MedicAlert protection, plus FREE CAN MedicAlert ID.

ORDER INFORMATION	AMOUNT
<input type="checkbox"/> FREE BASIC MEDICALERT ID (\$39 VALUE)	\$0
<input type="checkbox"/> OTHER MEDICALERT ID (DISCOUNTED BY \$39) (13% GST APPLIES ON AFTER DISCOUNT PRICE)	
<input type="checkbox"/> 12-MONTH MEDICALERT SERVICE PLAN	\$30
<input type="checkbox"/> DONATION	
TOTAL	

METHOD OF PAYMENT

Cheque Please make cheque payable to MedicAlert Foundation Canada

VISA Credit card # ____ / ____ / ____ / ____ Expiry (mo/yr) _____

MasterCard

American Express Name on card: _____

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

Cash Received by: _____ Receipt Number: _____

MedicAlert Staff

You acknowledge that you have read and understand the MedicAlert Subscriber 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 registrant or a legal right to complete this form on behalf of the registrant.

Signature: _____ Date: _____

Name (Print): _____ Relation to registrant: _____



REGISTRANT INFORMATION

NAME: _____ GENDER: _____

STREET ADDRESS and CITY: _____

POSTAL CODE: _____ EMAIL ADDRESS: _____

PHONE NUMBER: _____ ALTERNATE NUMBER: _____

DATE OF BIRTH: _____ PRODUCT CODE and WRIST SIZE: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ NAME: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

ALTERNATE NUMBER: _____ ALTERNATE NUMBER: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

PHYSICIAN INFORMATION

NAME: _____

PHONE NUMBER: _____

SPECIALTY: _____

MEDICAL INFORMATION

ALZHEIMERS OTHER DEMENTIAS (Please specify): _____

AUTISM NON-VERBAL BRAIN INJURY MENTAL HEALTH ISSUES

OTHER MEDICAL CONDITIONS / SPECIAL NEEDS (Please specify): _____

PRESCRIPTION MEDICATIONS: (Dosages not required) _____

SECTION BELOW IS IMPORTANT TO COMPLETE IF PERSON HAS A TENDENCY TO WANDER OR GO MISSING

LIVING ARRANGEMENT: <input type="checkbox"/> ALONE <input type="checkbox"/> WITH FAMILY <input type="checkbox"/> IN A FACILITY	HEIGHT: _____	HAIR COLOUR: _____
	WEIGHT: _____	EYE COLOUR: _____
	RACE: _____	VISIBLE MARKS: _____
	SKIN COMPLEXION: _____	LANGUAGE SPOKEN: _____

WANDERING HISTORY: NEVER 1-4 TIMES MORE THAN 4 TIMES

POSSIBLE LOCATIONS IF WANDERS: _____

DE-ESCALATION TECHNIQUES DURING CRISIS: _____

TRIGGERS/STRESSORS: _____

PHOTO PROVIDED(to be used for emergency purposes): **Y or N**