



**MedicAlert**<sup>®</sup>  
FOUNDATION

## MEMBER SIGNING UP FOR

MedicAlert Found - Autism **OR** MedicAlert + Alzheimer's Association Safe Return

## PERSONAL INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

UNIT/APT #

CITY

STATE

ZIP

PHONE

Home

Cell

Work

Home

Cell

Work

EMAIL ADDRESS

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

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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



\*Please measure your wrist & add 1/8"

CUSTOMER SIGNATURE

DATE

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