

Select the ID to complement your membership

Measure wrist for bracelet: Use a flexible tape measure to determine wrist size, or put a string around wrist and measure it against the ruler shown below. (Please add ½" for comfort.)

FRONT OF MEDICALERT® ID



A091
Large Classic Red Bracelet



A126
Small Classic Red Bracelet



A721
Classic Red Necklace

BACK OF MEDICALERT ID



MEMBER



CAREGIVER

Other MedicAlert IDs are available at additional cost. A complete selection is available online at www.medicalert.org/medicalids.

ID ENGRAVING: In an emergency, response personnel need to be aware of the member's critical medical information in order to treat the member correctly. A MedicAlert medical ID will be engraved with their member identification number and our live 24/7 emergency response number to enable responders to assist the member immediately.

PLEASE NOTE: Once the MedicAlert ID has been engraved and shipped, there will be an additional charge for any changes requested. ID engraving is personalized to individual members and cannot be transferred to another individual, altered, sold, or returned. To help assure you receive thorough, accurate treatment, the condition our trained staff deems most relevant to the member's medical needs in an immediate emergency treatment will be engraved on the ID.

An estimated 5.3 million Americans are currently living with Alzheimer's disease. The number of Americans living with an Alzheimer's diagnosis and other dementias will steadily grow each year as the size and proportion of the U.S. population age 65 and older continue to increase.

The responsibility of caring for a person living with Alzheimer's or related dementia takes a great toll on loved ones, especially with the added concern of the person wandering or becoming lost at any time during the course of the disease.

Local Alzheimer's organizations and MedicAlert Foundation International have teamed together to help improve the overall safety of those living with Alzheimer's or related dementia. MedicAlert Found is a program designed to protect the health and safety of those living with Alzheimer's or related dementia across the country.

Operating as a live 24-hour emergency response service; any person with Alzheimer's who experiences a medical emergency, or who may wander and become lost will receive exceptional treatment and care while first responders work with a MedicAlert Emergency Response Specialist to safely reunite patients with their loved ones.

How MedicAlert helps in a wandering emergency

Member is reported missing

- Information and photo are faxed to local police and local Alzheimer's organizations, who help in the search.

Member is found

- Citizen or police officer finds the person and calls the toll-free number listed on the member's MedicAlert® ID.
- MedicAlert notifies the member's contacts, making sure the person is safely returned home.



Live 24-hour emergency response service for wandering and medical emergencies

\$26.99 membership fee includes:

- Emergency wallet card
- Live 24/7 emergency response service
- Emergency Medical Information Record
- Advance Directive Storage

OPTIONAL: Add \$6.99 for caregiver membership plus \$27.99 for medical ID

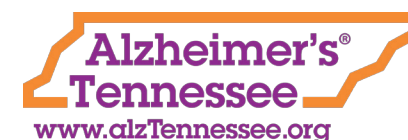
- Membership includes everything listed above
- The caregiver wears our worldwide recognized MedicAlert ID to alert others that she or he provides care for a MedicAlert member, in case of an emergency

Four Easy Ways to Enroll

WEB: alzTennessee.org/MedicAlert

PHONE: 888.326.9888

MAIL: Alzheimer's Tennessee
5801 Kingston Pike, Ste 101
Knoxville, TN 37919



MedicAlert Foundation is a 501(c)(3) nonprofit organization. ©2017 All rights reserved. MedicAlert® is a U.S. registered trademark and service mark of MedicAlert Foundation International.



Help protect your loved one with Alzheimer's

MedicAlert® FOUND



SIGN UP TODAY

888.326.9888

alzTennessee.org/MedicAlert

ENROLLMENT INFORMATION

ENROLL ONLINE: ALZTENNESSEE.ORG/MEDICALERT ENROLL BY PHONE: 888.326.9888

Last name _____

First name _____

Nickname _____

Address (no PO Boxes) _____

City _____ State _____ CA

Apt.# _____ ZIP code _____

Date of birth _____

Phone _____

Male Female Male to Female Female to Male

Last four digits of Social Security No. _____

Height _____ Weight _____

Eye color _____ Hair color _____

Race/Ethnicity _____

Language Spoken _____

Skin tone Dark Medium Fair

Mole Tattoo Scar Birth mark

Primary Doctor Name _____

Primary Doctor Phone _____

DRUG ALLERGIES

List all known drug allergies.

MEDICATIONS

List all medications and dosages, including inhalers.

Medication	Prescribed Dosage

MEDICAL CONDITIONS

Only individuals with Alzheimer's or a related dementia are eligible for the MedicAlert Found program

- Alzheimer's disease Vascular Dementia
- FTD Lewy Body Dementia
- Other Dementia _____

OTHER CONDITIONS

(*Please list the manufacturer model and serial number, or include a copy of the implant card with this form.)

- Angina Emphysema
- Arthritis Epilepsy
- Asthma Glaucoma
- Atrial Fibrillation Hypertension
- Chronic Obstructive Pulmonary Disease (COPD) Myocardial Infarction
- Organ Transplant
- Congestive Heart Failure Seizure Disorder
- Coronary Artery Disease Stroke
- Deaf - Hearing Impaired Von Willebrand's Disease
- Diabetes _____
- Implant* _____ Other _____

PRIMARY CONTACT INFORMATION

Last name _____

First name _____

Address (no PO Boxes) _____

City _____ State _____

Apt.# _____ ZIP code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Relationship _____

SECONDARY CONTACT INFORMATION

Last name _____

First name _____

Address (no PO Boxes) _____

City _____ State _____

Apt.# _____ ZIP code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Relationship _____

OPTIONAL CAREGIVER ENROLLMENT

Last name _____

First name _____

Address (no PO Boxes) _____

City _____ State _____

Apt.# _____ ZIP code _____

Date of birth _____

Home Phone _____

Cell Phone _____

Work Phone _____

Male Female Male to Female Female to Male

Last four digits of Social Security No. _____

Language Spoken _____

DRUG ALLERGIES

List all known drug allergies.

MEDICATIONS

List all medications and dosages, including inhalers.

Medication	Prescribed Dosage

MEDICAL CONDITIONS

Check the box next to each of your conditions and write in the others. While these conditions are very important, any condition that requires continued physician care or special attention in an emergency should be noted.

(*Please list the manufacturer model and serial number, or include a copy of the implant card with this form.)

- Angina Emphysema
- Arthritis Epilepsy
- Asthma Glaucoma
- Atrial Fibrillation Hypertension
- Chronic Obstructive Pulmonary Disease (COPD) Myocardial Infarction
- Organ Transplant
- Congestive Heart Failure Seizure Disorder
- Coronary Artery Disease Stroke
- Deaf - Hearing Impaired Von Willebrand's Disease
- Diabetes _____
- Implant* _____ Other _____

EMERGENCY CONTACT

Last name _____

First name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Relationship _____

MEMBER JEWELRY SELECTION - \$27.99

- A091 - Large red stainless steel bracelet (1 5/8")
- A126 - Small red stainless steel bracelet (1 3/8")
- A721 - Red stainless steel necklace (1 1/4") with 26" chain

Exact wrist measurement _____ inches
(Required for bracelet. Please measure wrist snugly and add 1/2")

CAREGIVER JEWELRY SELECTION - \$27.99 (If purchasing caregiver membership)

- A091 - Large red stainless steel bracelet (1 5/8")
- A126 - Small red stainless steel bracelet (1 3/8")
- A721 - Red stainless steel necklace (1 1/4") with 26" chain

Exact wrist measurement _____ inches
(Required for bracelet. Please measure wrist snugly and add 1/2")


RECENT PHOTO OF MEMBER PROVIDED?

Yes No

(Send original photo, passport size or larger. Photo will not be returned. Please write member's name on back of photo.)

ID ENGRAVING: In an emergency, response personnel need to be aware of the member's critical medical information in order to treat the member correctly. A MedicAlert medical ID will be engraved with their member identification number and our live 24/7 emergency response number to enable responders to assist the member immediately.

PLEASE NOTE: Once the MedicAlert ID has been engraved and shipped, there will be an additional charge for any changes requested. ID engraving is personalized to individual members and cannot be transferred to another individual, altered, sold, or returned. To help assure you receive thorough, accurate treatment, the condition our trained staff deems most relevant to the member's medical needs in an immediate emergency treatment will be engraved on the ID.



MAIL TO: Alzheimer's Tennessee
5801 Kingston Pike, Ste 101
Knoxville, TN 37919
888.326.9888
alzTennessee.org/MedicAlert

COST

Enrollment fee	\$26.99
Medical ID	\$27.99
Optional caregiver membership (\$6.99)	_____
Plus caregiver ID (\$27.99)	_____
Shipping and Handling	\$7
TOTAL	_____

To ensure uninterrupted membership to MedicAlert, your credit card will be automatically charged \$34.99 per membership on your renewal date.

Check this box if you do not want us to charge your credit card for renewal.

PAYMENT

Check (Payable to MedicAlert Foundation)



Card No. _____
□□□□□□□□□□□□□□□□

Expiration date (MM/YY) _____ Security Code (3 or 4 digits on back of card)
□□/□□ _____

Cardholder's name

Cardholder's billing address

Cardholder's signature

CONSENT

Important: By accepting membership in MedicAlert Foundation, for yourself as member or caregiver and/or as caregiver on behalf of the member named above (collectively, "you"), you authorize MedicAlert to release all medical and other confidential information about you in emergencies and to other healthcare personnel you designate. If you choose to terminate membership, you must notify us in writing. MedicAlert relies upon the accuracy of the information that you provide. You, therefore, agree to defend, indemnify, and hold MedicAlert (including its employees, officers, directors, agents, and organizations with which it maintains a marketing alliance for the provision of services hereunder) harmless from any claim or lawsuit brought by member or others for injury, death, loss or damages arising in whole or in part out of your provision of incomplete or inaccurate information to MedicAlert. Furthermore, as caregiver for the member named above, you hereby represent and warrant to MedicAlert that you have full power and authority, as the duly authorized representative of such member, to enroll and act on his or her behalf.

Signature _____ *Date (MM/DD/YYYY)*