



MedicAlert
Foundation

- MedicAlert Found – Autism (Individuals with autism or developmental disorders)
 MedicAlert + Alzheimer’s Association Safe Return

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
MAILING ADDRESS	UNIT/APT#	CITY, STATE, ZIP	
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS (REQUIRED)			
DATE OF BIRTH: _____	RACE: _____	SEX ID: _____	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HEIGHT: _____	WEIGHT: _____	HAIR COLOR: _____	EYE COLOR: _____
PRIMARY LANGUAGE: _____		ETHNICITY: _____	SKINTONE: _____
CHECK THE APPROPRIATE BOXES IF THEY APPLY: <input type="checkbox"/> WIG <input type="checkbox"/> DENTURES <input type="checkbox"/> CONTACTS			
<input type="checkbox"/> GLASSES <input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE <input type="checkbox"/> VETERAN <input type="checkbox"/> CANE <input type="checkbox"/> WALKER <input type="checkbox"/> WHEELCHAIR			
CHECK BOXES THAT APPLY: <input type="checkbox"/> MOLE: WHERE: _____ <input type="checkbox"/> SCAR: WHERE: _____			
<input type="checkbox"/> TATTOO: WHERE: _____ <input type="checkbox"/> BIRTHMARK: WHERE: _____			
EMERGENCY CONTACTS			
PRIMARY: _____		PHONE: _____	RELATIONSHIP: _____
SECONDARY: _____		PHONE: _____	RELATIONSHIP: _____
SPECIAL NOTE: A SECONDARY CONTACT PERSON CAN'T BE ADDED TO THE WEBSITE, BUT CAN BE ADDED TO OUR FI#			
PRIMARY PHYSICIAN: _____		PHYSICIAN PHONE: _____	
MEDICAL CONDITIONS/ALLERGIES/MEDICATIONS			
<input type="checkbox"/> NO KNOWN <input type="checkbox"/> MEDICAL CONDITIONS <input type="checkbox"/> ALLERGIES <input type="checkbox"/> MEDICATIONS			
LIST HERE: _____			
ENGRAVING ON YOUR MEDICAL ID			
LIST MOST IMPORTANT ITEMS FIRST. AVERAGE OF 67 CHARACTERS ON BRACELET AND 104 CHARACTERS ON PENDANT. PLEASE MEASURE WRIST & ADD ½"			
LINE 1: _____			
LINE 2: _____			
LINE 3: _____			
LINE 4: _____			
	<input type="checkbox"/> SMALL BRACELET WRIST SIZE: _____ <input type="checkbox"/> LARGE BRACELET WRIST SIZE: _____ <input type="checkbox"/> PENDANT CHAIN LENGTH: <input type="checkbox"/> 26" <input type="checkbox"/> 30"		
CUSTOMER SIGNATURE: _____		DATE: _____	
BY SIGNING ABOVE YOU AGREE TO OUR TERMS & CONDITIONS AS SHOWN ONLINE AT WWW.MEDICALERT.ORG/CONSENT . A PARENT OR GUARDIAN IS REQUIRED FOR MEMBERS UNDER 18.			
A PHOTO MUST BE EMAILED TO OFFICER JESSICA DAMON AT DAMONJ@AMHERSTMA.GOV			