



MedicAlert[®]
FOUNDATION

Use this form to gather member info and then enter in portal at www.medicalert.org/partners

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

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.
A parent or guardian signature is required for members under 18.