



PLEASE SEND COMPLETED FORM & PHOTO TO:  
 CaringKind NYC Wanderer's Safety Program  
 360 Lexington Ave, 3rd Floor, New York NY 10017

**CODE:  
 CARINGKIND**

**CARINGKIND NYC WANDERER'S SAFETY PROGRAM: CAREGIVER ENROLLMENT FORM**

**CAREGIVER MEMBERSHIP**

(All fields required)

LAST NAME

FIRST NAME

ADDRESS

**NY**

APT # CITY STATE ZIP

CELL PHONE HOME PHONE

BIRTHDATE (MM/DD/YYYY)

LAST 4 DIGITS OF SSN

EMAIL:

EMAIL ADDRESS

ARE YOU A VETERAN?  YES  NO

GENDER (CHECK ONE)

Female  Male  Prefer to self-describe: \_\_\_\_\_

PRIMARY EMERGENCY CONTACT - FULL NAME

ADDRESS (NO P.O. BOX)

APT # CITY STATE ZIP

CELL PHONE HOME PHONE

EMAIL:

EMAIL ADDRESS

SECONDARY EMERGENCY CONTACT - FULL NAME

CELL PHONE HOME PHONE

EMAIL:

EMAIL ADDRESS

For more information  
 or to enroll online, visit:  
[www.caringkindnyc.org/wandersafety](http://www.caringkindnyc.org/wandersafety)  
 or call our Helpline: 646-744-2900

Bracelet Identification Number for  
 Person with Alzheimer's / Dementia:

Bracelet ID Number

**INFORMATION FOR  
 CAREGIVER'S EMERGENCY HEALTH RECORD**

**MEDICAL CONDITIONS & DEVICES**

Medical conditions and devices

(For medical device, please include model number)

**ALLERGIES**

List all known food, drug, or other allergies

Allergies

**MEDICATIONS**

List all medications and dosages, including inhalers

Medications

## CAREGIVER ENROLLMENT

There is a fee for any replacement product due to an incorrect wrist size.



**Orange Classic Steel ID Bracelet (A656) – \$32.99**

Exact wrist measurement: \_\_\_\_\_  
(Required for bracelet. Measure wrist snugly and add ½ inch.)



**Red Classic Steel ID Bracelet (A091) – \$32.99**

Exact wrist measurement: \_\_\_\_\_  
(Required for bracelet. Measure wrist snugly and add ½ inch.)

Your ID Bracelet will be engraved as follows:

I am a Caregiver for someone with dementia.  
Please help by calling 1-800-625-3780.

An engraved ID number will identify the Caregiver.

## ADVANTAGE ANNUAL MEMBERSHIP \$49.99

- 24/7 Emergency Response Team
- Emergency Health Profile
- 24/7 Wandering support
- Emergency Contact Notification
- Personal Profile
- Portrait Photo (selfie)
- Printable Health Profile

<b>PAYMENT</b>	BRACELET	_____
	ANNUAL MEMBERSHIP	\$49.99
	SHIPPING	\$ 9.95
	<b>TOTAL</b>	_____

For your convenience & to ensure uninterrupted membership with MedicAlert, your credit card will automatically be charged for your membership on your annual renewal date.

For more information  
or to enroll online, visit:  
[www.caringkindnyc.org/wandersafety](http://www.caringkindnyc.org/wandersafety)  
or call our Helpline: 646-744-2900

## SHIP TO

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

APT #      CITY      STATE      ZIP

PHONE \_\_\_\_\_

EMAIL:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□

## PAYMENT TYPE

Check (make payable to MedicAlert Foundation)

MasterCard®  Visa®  Discover®  AMEX®

No other cards accepted. No CODs. Payment must accompany order.

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE (MM/YY) \_\_\_\_\_

SECURITY CODE \_\_\_\_\_

CARD HOLDER'S NAME \_\_\_\_\_

CARD HOLDER'S BILLING ADDRESS \_\_\_\_\_

CITY      STATE      ZIP

SIGNATURE FOR CARD AUTHORIZATION \_\_\_\_\_

## 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 health care personnel you designate. If you choose to terminate membership, you must notify us in writing and return your jewelry. 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. **To update any changes to your enrollment (e.g. address, primary contacts, medication, etc), please call 1-800-432-5378.**

SIGNATURE OF CAREGIVER \_\_\_\_\_

DATE \_\_\_\_\_