

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: NEW ENROLLMENT FORM

MEMBERSHIP ENROLLMENT (All fields required)	For more information, or to enroll online, visit: www.caringkindnyc.org/wandersafety or call our Helpline: 646-744-2900
	of can out freightie. 040 744 2700
LAST NAME	INFORMATION FOR YOUR EMERGENCY HEALTH RECORD
	MEDICAL CONDITIONS & DEVICES
FIRST NAME	☐ Alzheimer's ☐ Other Dementia
ADDRESS	
APT # CITY STATE ZIP	
CELL PHONE HOME PHONE	
BIRTHDATE (MM/DD/YYYY) LAST 4 DIGITS OF SSN	(For medical device, please include model number)
IS THE MEMBER A VETERAN? ☐YES ☐NO	ALLERGIES
	List all known food, drug, or other allergies
GENDER (CHECK ONE) ☐ Female ☐ Male	
Prefer to self-describe:	
Prefer to self-describe:	
PRIMARY EMERGENCY CONTACT - FULL NAME	MEDICATIONS
	List all medications and dosages, including inhalers
ADDRESS (NO P.O. BOX)	
APT # CITY STATE ZIP	
CELL PHONE HOME PHONE	
SECONDARY EMERGENCY CONTACT - FULL NAME	RECENT PHOTO OF MEMBER PROVIDED?
SECONDARY CONTACT TELEPHONE	□Yes □No
	Send original photo – passport size or larger. Photo will not
SECONDARY CONTACT EMAIL:	be returned. Please write member's name on back of photo.
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service mark of MedicAlert Foundation International.

MEMBERSHIP ENROLLMENT There is a fee for any replacement product due to an incorrect wrist size. ☐ Orange Classic Steel **ID Bracelet** (A656) - \$32.99Engraving space: 5 lines Exact wrist measurement: (Required for bracelet. Measure wrist snugly and add ½ inch.) ☐ Large Red Classic Steel **ID Bracelet** (A091) - \$32.99 Engraving space: 6 lines Exact wrist measurement: (Required for bracelet. Measure wrist snugly and add 1/2 inch.) WHAT DO YOU WANT ENGRAVED ON YOUR ID? At a minimum, your bracelet will be engraved with either Alzheimer's or Dementia. It should also list other medical conditions or allergies that are important to communicate in an emergency. For example -Diabetes, Hypertension, Allergic to Penicillin, No MRI Choose one: Alzheimer's Other Dementia Line 1 Line 2 Line 3 Line 4 Line 5 Line 6 By checking this box I opt out of including anything

ADVANTAGE ANNUAL MEMBERSHIP \$49.99

besides Alzheimer's or Dementia on my bracelet

- 24/7 Emergency Response Team
- Emergency Health Profile
- 24/7 Wandering support
- Emergency Contact Notification
- **PAYMENT BRACELET**

ANNUAL MEMBERSHIP SHIPPING

(Note: this is not recommended.)

\$49.99 \$ 9.95

• Portrait Photo (selfie)

• Printable Health Profile

• Personal Profile

TOTAL

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

SHIP TO			
NAME			
AGENCY NAME			
ADDRESS			
APT# CITY		STATE	ZIP
PHONE			
EMAIL:			
PAYMENT TYPE			
☐ Check (make pay☐ MasterCard® ☐ No other cards accepted. N	Visa® □Dis	scover® 🛚	AMEX®
CREDIT CARD NUMBE	R		
EXPIRATION DATE (MN	1/YY)	SECURI [*]	TY CODE
CARD HOLDER'S NAM	E		
CARD HOLDER'S BILLI	NG ADDRES	S	
CITY	STATE	ZIP	
SIGNATURE FOR CARI	O AUTHORIZ	ATION	
001107117			

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 Medic Alert 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.