MedicAlert
A Registered Charity
Lets you live life

TO JOIN MEDICALERT
call freephone **0800 581 420**
or complete this form and send to:
The MedicAlert Foundation, 1 Bridge Wharf,
156 Caledonian Road, London N1 9UU

Emblem order form

Emblem reference	Description	Wrist size (if applicable see ruler)	Price
n/a	First year's Annual Subscription*		£25
	Postage and packing - for standard items (Traditional, Sports/Kids, Classic Range)		£2.50
	- All designer range		£5.50
		Sub total ▶	
	As a charity, MedicAlert relies heavily on donations. Your support will help to save and protect lives. *Thank you.*	**Donation** ▶	
		Total ▶	

*** The first year's Annual Subscription at £25 must be added to ALL Emblem costs.** Annual Subscription payments of £25 will be requested in writing each year thereafter on the anniversary of your joining. Any adjustments to this amount will be notified in advance. If you wish to pay your Annual Subscription by Direct Debit, please tick the following box and the necessary form will be sent to you.

☐ Please send me a Direct Debit form.

Payment

Method of payment ☐ Credit/Debit ☐ Cheque ☐ Postal Order

(Please note we cannot accept Visa Electron or American Express)

Card Number _____ Expiry Date _____ Issue No *(switch only)* _____

Please make cheques/postal orders payable to **MedicAlert Foundation.**

MedicAlert can claim the tax back on all donations made by a UK income tax payer. Even if you are not making a donation, please complete this section for our records.

Help MedicAlert claim 28% more from your donation!

☐ I pay UK income tax and I wish all my donations to MedicAlert from 6 April 2000 to be treated as qualifying Gift Aid donations and for MedicAlert to reclaim the tax deducted at source. I understand that I must pay an amount of UK income or capital gains tax equal to the amount reclaimable.

As a registered charity, MedicAlert can provide free or subsidised membership to individuals on a limited income. Please contact our Membership Services Department on ***freephone 0800 581 420*** *for details.*

Name & Address *(if different from overleaf)* _____

☐ I do not pay UK income tax. _____

Terms and conditions

I authorise The MedicAlert Foundation and its 24-hour Emergency Telephone Bureau to store all information on their computer files and to relay the same in response to emergency calls requesting information in accordance with their protocol. I authorise the same for The MedicAlert Foundation International (USA) and its designees. I agree not to wear the Emblem or to carry the wallet card until I (or my representative) have checked the emergency record for accuracy, and agree to inform MedicAlert of any error found. I agree to notify MedicAlert immediately whenever there are changes to my personal or medical details. MedicAlert shall not be liable for any damages incurred as a result of the provision of incorrect information, by or on behalf of MedicAlert, due to my failure to notify them of any changes.

Information consent (n/a to minors) – We are only able to discuss your membership or take any amendments from you directly. However, if you would like to give permission for us to discuss your details with a third party, please indicate below.

I give my permission for MedicAlert to discuss my details with:

☐ My emergency contact ☐ Other: _____ Tel _____

Applicant's Signature:
(if applicant is under 16, his/her parent or guardian must sign)

Signature _____ Date _____

Where did you hear about MedicAlert?
(Lions Club please put your Club stamp here.)

_____

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Prices: Correct as at January 2009. All prices are subject to change at any time (Annual Subscriptions with notice in advance). Prices are inclusive of VAT (Registration No. GB 239 2013 84). Payment must be made in £ Sterling or Euros.

Warranty: All Emblems and engraving are guaranteed for 1 year from date of manufacture.

Refund Policy: As each MedicAlert Emblem is tailored to the individual, we are unable to issue refunds. Cancellation before an Emblem has been produced will result in an administration fee.

Delivery: Please allow 28 days for delivery from the date we receive your order. Emblems from our designer range may take a little longer.

If ordering a chain bracelet, please measure your wrist and add ½" for movement and comfort.

Please Complete All Sections in BLOCK CAPITALS

IF YOU ARE AN EXISTING MEMBER TICK HERE ☐ **GB (if known)**

For office use only

Personal information

Surname _____

First Name(s) _____

Title (Mr/Mrs/Miss/Ms) _____ Date of Birth _____

Address _____

_____

_____

_____ Post Code _____

Telephone Numbers *(including STD code)* _____

Home _____

Work/Other _____

Email Address _____

☐ Please tick if you are happy for us to communicate via email.
(NB we will not pass these details onto a third party)

Occupation _____

Person to contact in an emergency

There is no limit to the number of emergency contacts which can be stored. Please provide additional contacts on a separate sheet.

Relationship To Member _____

Surname _____

First Name(s) _____

Title (Mr/Mrs/Miss/Ms) _____

Address _____

_____

_____

_____ Post Code _____

Home Tel No _____

Daytime Tel No _____
(if different from above)

General practitioner

Surname _____

First Name(s) _____

Practice Address _____

_____

_____

_____ Post Code _____

Tel _____

Hospital

If you are under the care of a hospital, please complete the following:

Hospital Name _____

Town/City _____

Clinic/Dept _____

Physician/Surgeon _____

Tel No _____

Patient No _____

Medical information

The following guidelines are to assist you when completing this section. If you need to discuss any of your medical information or are unsure of the details required please call the Medical Department on freephone 0800 581 420, otherwise our Medical Department will decide the most appropriate wording for your Emblem.

Please note names and personal telephone numbers are not engraved onto the Emblem. We are unable to engrave directives eg 'Please give sugar'.

Guidelines for completing the medical section

Please check whether any of the following apply to you and if so send relevant documentation as necessary.

Heart Valve Replacements – please include:

1. Date of surgery
2. Name of surgeon
3. Name of hospital & patient no.
4. Position (mitral/aortic)
5. Manufacturer, serial no, model and size of heart valve

Pacemakers/Defibrillators – please send a copy of your card.

Anaesthetic Problems – specific details are usually required. Please send copies of any hospital letters if available. It is important to know the particular anaesthetic(s) you are allergic to or whether your anaesthetic problem is due to difficult intubation.

Steroids/Anticoagulants/Thyroxine and all other medications – include details of your medical condition ie reason for taking medication.

Diabetes – do you have type 1 or type 2 diabetes? Please list any medication.

Splenectomy – include the date of surgery, reason for splenectomy and dates/types of vaccination received.

Heart Attack (Myocardial Infarction) – include the date of your heart attack and whether you received streptokinase or other fibrinolytic drug. Please send a copy of your drug therapy card (if applicable) and the date you are able to receive this treatment again.

Allergies/Anaphylaxis – do you carry adrenaline?

Organ Donor – please send a copy of your donor card.

Living Will – please send a copy.

Transplants – include the date and any medication you are taking.

Important: you may wish to ask your doctor or specialist nurse to complete this section.

Please list all medical conditions and current medication (dosage not needed). Please include allergies and relevant past medical history.

Medical conditions and current medication

_____

_____

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(please continue on a separate sheet if necessary)

If ordering a chain bracelet, please measure your wrist and add 1½cm for movement and comfort.