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Personal Information

Are you, or have you ever been a **MedicAlert®** subscriber? ☐ Yes ☐ No MedicAlert ID# _____

First NameLast Name

Please Circle Dr. Ind. M.
M/s Miss Mr. Mrs. Ms.
Mx. No honorific preferred
Other _____ Rev.

Client ID # (First Nation status, or NIHB N number) _____

Communications ☐ English ☐ French

Date of Birth (m/d/y) _____ / _____ / _____

Mailing Address _____ Apt _____

CityProvince/TerritoryPostal Code

Home Tel. ()Cell. ()Email Address

Parent/Guardian Information - For anyone under 18

If new member is a minor or an adult in the care of a guardian, please specify name of parent/guardian responsible for keeping the member record up to date. Parent or guardian should be the first Personal Emergency contact.

NameRelationship

AddressCityProvincePostal Code

Home Tel. ()Cell. ()Email

TO BE COMPLETED BY PRESCRIBER – This section must be completed before submission

Doctor/Nurse Practitioner/Registered Nurse name (please print)License # or College registration #

Patient Requires MedicAlert ☐SignatureDate

Personal Emergency Medical Contacts (family/friends)

1. NameRelationship

Home Tel. ()Cell. ()

2. NameRelationship

Home Tel. ()Cell. ()

I give permission to the emergency contact(s) above to access my medical information: ☐ Contact 1 ☐ Contact 2

Emergency Medical Contacts

Physician 1Address

SpecialtyTel. ()Ext.

Physician 2Address

SpecialtyTel. ()Ext.

I give permission to the emergency contact(s) above to access my medical information: ☐ Contact 1 ☐ Contact 2

Medical Conditions – Recognized medical terminology and abbreviations will be used.

Engraving language ☐ English ☐ French

Medical Conditions (include any major surgeries or medical procedures) _____

All prescription medications _____

Allergies/anaphylaxis

Do you use an epinephrine injector? ☐ Yes ☐ No

Implants/Devices (include a copy of your implant card if possible) _____

TypeManufacturerModel No.Serial No.

Special Needs

Order Form	# Product Code	# Product Name	Size
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SUBSCRIBER STATEMENT

By submitting this Order Form to MedicAlert® Foundation Canada (“**MedicAlert**”) you agree to the terms of this Subscriber Statement (“**Agreement**”) and become a Subscriber of MedicAlert. This Subscriber Statement outlines your relationship with MedicAlert and explains how personal information is collected, used, and disclosed during your services (the “**Services**”).

If you have selected to join one of MedicAlert's partnership programs (“**Program Partner(s)**”), your personal information may also be subject to that Program Partners' privacy practices.

Please visit <https://www.medicalert.ca/Help/Subscriber-Statement> for a list of Program Partners and how to contact them.

You understand that you can opt out of MedicAlert transferring your information to a Program Partner by calling 1-800-668-1507.

1. Terms and Conditions, I ACKNOWLEDGE and agree that: Responders, including, but not limited to; police, fire, ambulance, health professionals, etc. and their representatives (“**Responders**”), MedicAlert, its officers, directors, employees and representatives, will not be liable, without limitation, for any: a) claims, actions, proceedings, damages and losses arising out of or in connection with errors or omissions in my Personal Information or my failure to properly wear my MedicAlert ID; or b) any service disruption as a result of Acts of God (fire, flood, earthquake, storm, hurricane, natural disasters), terrorist activities, failure of electricity, disruption to telephone and/or cellular services or other variables beyond MedicAlert's control.

· This Agreement may be changed periodically. Notification of changes will be provided to me prior to the change taking effect.

· I agree to receive administrative and transactional communications from MedicAlert related to the Services, support, research invitations, and other relevant information.

· If I would like to cancel my Services I may do so at anytime by contacting MedicAlert directly.

· It is my responsibility to ensure my MedicAlert Identification Product (“ID”) is correct and in proper working order. If I receive an incorrect ID or there is a manufacturer's defect or error, I must contact MedicAlert to determine any applicable return or exchange.

2. Privacy Statement When I subscribe, MedicAlert will create an electronic profile (“**Profile**”) with my name and personal information that I provided myself or through others (“**Personal Information**”).

· Personal Information may be stored in Canada and the United States.

· I will review and confirm my Personal Information at least once per year and will advise MedicAlert promptly of any error(s) or changes.

· My Personal Information is used for: i) my MedicAlert ID; ii) the 24/7 Emergency Hotline; iii) communications pertaining to MedicAlert; iv) accessing my Profile; and v) other purposes as communicated to me from time-to-time.

· MedicAlert may contract with third parties and disclose my personal information to them, including, but not limited to, Responders, for the purposes of providing and administering the Services and to resolve an emergency (i.e., wandering or lost persons, scenarios where urgent health or emergency care is required etc.) and/or resolve an emergent situation (i.e., incidents involving violence). MedicAlert and Responders may contact my identified emergency contacts (“**Contacts**”) to administer the Services in an emergency or a situation deemed emergent. In non-emergencies MedicAlert may discuss my Profile with Contacts if: i) I have provided consent, or the Contacts can legally act on my behalf; and ii) the Contacts can authenticate themselves.

☐ **Sign up to get MedicAlert emails with exclusive offers & updates. You can unsubscribe at any time. View our Privacy Policy for more details.**

Please send the **completed application form to MedicAlert Foundation Canada directly** as it contains medical information that is personal and confidential.

Submit the completed form with a Doctor, Nurse Practitioner or Registered Nurse's signature.

MedicAlert Foundation Canada
895 Don Mills Road, Building #2,
Suite #405, Toronto, ON M3C 1W3

FAX: 1.800.392.8422


Sign
Signature (client sign or guardian)

Date

Name (print)

Telephone Number

Relationship to subscriber



Raven received a frightening call.


An hour after leaving her Gokomis’ Raven’s phone rang. On the other end of the line, a voice calmly said “*your Grandmother, Noella, is awake and in good spirits*”. Noella was fine when Raven visited her. What she learned is that her Grandmother went for a walk after she left. Suddenly and without warning, Noella went into diabetic shock. A youth noticed the Elder in distress. Time was running out but luckily they saw the **MedicAlert®** bracelet. This got Noella the help she needed and saved her life.

Your life and your story matter to us.

That’s why we are offering you a 5-year subscriber service plan with **MedicAlert® including 2 IDs, registration and shipping, covered by NIHB for eligible First Nations and Inuit.***


When every second counts, be prepared with MedicAlert

Subscriber Benefits




Personalized Record

- Medically-validated 1,500+ data point Personal Health Record
- Unlimited free updates to your record



24/7 Coverage

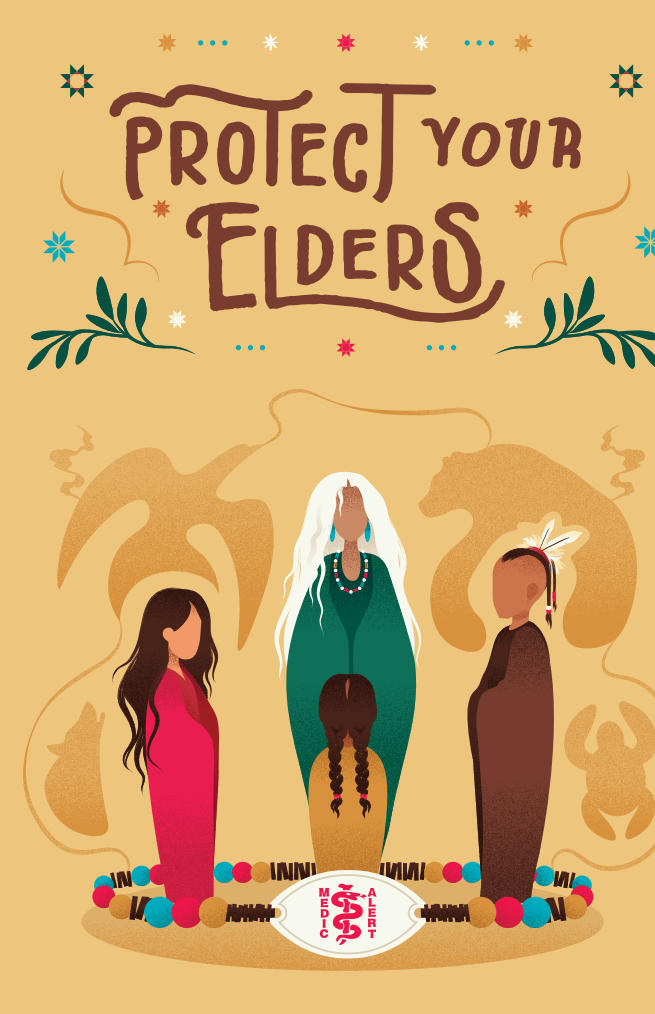
- 24/7 Response Team for emergency response
- 24/7 wandering and de-escalation support



Notification Services


- Family notification service
- Physician notification service

To learn more, visit medicalert.ca/nihb.
Tel: 1.800.668.1507 | Fax: 1.800.392.8422



PROTECT YOUR ELDERS

**Protect yourself.
Protect your elders.
Register today.**



MedicAlert® is a Registered Trademark and Service Mark of MedicAlert Foundation United States Inc. Used under licence in Canada.

EXCLUSIVE OFFER FOR

Registered First Nations & Recognized Inuit

How

Please submit the completed form† with a doctor’s, nurse practitioners, or registered nurse’s signature to MedicAlert Foundation Canada by mail or fax.‡

MedicAlert Foundation Canada

895 Don Mills Road, Building #2,
Suite #405, Toronto, ON M3C 1W3

Fax: 1.800.392.8422

†Please unfold brochure to fill out form

Our Bracelets

A156

Classic Petite Embossed Medical ID Bracelet Stainless Steel

Sizes available:
5”, 5 ½”, 6”, 6 ½”, 7”, 7 ½”, 8”, 8 ½”, 9”

A492

Classic Embossed Medical ID Bracelet Stainless Steel

Sizes available:
5”, 5 ½”, 6”, 6 ½”, 7”, 7½”, 8”, 8 ½”, 9”

I313

Black Licorice Sports Band

Sizes available: 5” (fits 4” to 5”),
6”(fits 5” to 6”), 6.75” (fits 6” to 6.75”)

Our Necklaces

A722

Classic Embossed Medical ID Necklace Stainless Steel

Size available: 26”

I106

Stainless Steel Dog Tag


Size available: 30”

I109


Black Stainless Steel Dog Tag

Size available: 30”

Necklaces not suitable for children under the age of 10.



I313



I109

Sizing Chart

Use a cloth ruler to measure your wrist comfortably in inches. When measurement is ¼ inch size, order the next ½ inch size up.

For more ID options, visit medicalert.ca/nihb

**Available through Indigenous Services Canada’s Non-Insured Health Benefits (NIHB) Program. Not available to clients of the BC First Nation Health Authority.*

‡Note: MedicAlert Foundation Canada will submit information to NIHB that is required for approval. Approval can take 6-8 weeks.