

Join MedicAlert Today!

Lifetime membership with MedicAlert is available through Health Canada's Non-Insured Health Benefits (NIHB) Program. The Program will cover the cost (one only per lifetime) of any bracelet or necklace from the Legacy, Sport or Kids Collections up to a maximum cost of \$115 including GST.

Health Canada's Non-Insured Health Benefits (NIHB) Program will only collect, use, disclose and retain your information in the form attached to approve and pre-pay MedicAlert for your lifetime membership. Health Canada protects your personal information in accordance with applicable Federal laws and policies. Should you have any questions, please feel free to call the NIHB toll-free number at 1-800-259-5611.

The application form should not be sent to the Non-Insured Health Benefits (NIHB) office.

Submit the completed form with a doctor's or nurse practitioner's signature and a copy of your prescription to:

**Canadian MedicAlert Foundation
2005 Sheppard Avenue East
Suite 800
Toronto, Ontario M2J 5B4**

MedicAlert will submit your registration form to NIHB for approval. NIHB approval could take up to 8 weeks.

MedicAlert®...Speaks for you.

If you have a chronic medical condition, allergy or special need, MedicAlert ensures that your medical information is immediately known to emergency responders.

MedicAlert is the leading provider of emergency medical information services, with over one million members across Canada.

*Security and peace of mind
are just some of the benefits*

How MedicAlert works in an emergency

1. First responders and emergency medical personnel are trained to check for the MedicAlert® emblem.
2. Every MedicAlert® emblem is engraved with the member's medical condition, a member ID number and the MedicAlert® 24-hour Emergency Hotline number ensuring emergency medical personnel are immediately aware of serious or chronic medical conditions.
3. With one call to the MedicAlert® 24-hour Emergency Hotline, emergency personnel have immediate access to the member's health record containing information on existing medical conditions, allergies, medications, medical devices, as well as the names and phone numbers of the member's physician and family contacts.
4. Immediate access to vital medical information ensures medical personnel can respond with appropriate and timely treatment.



Membership Registration

First Nations and Inuit Clients



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A National Registered Charity 10686 3293 RR0001

SELECT THE BRACELET OR NECKLACE THAT SUITS YOUR NEEDS

LEGACY \$39



Stainless steel bracelet (small emblem)
103



Stainless steel bracelet (large emblem)
104



Dog Tag with brushed stainless steel and 30" beaded chain
106



Black Dog Tag with black brushed stainless steel, 30" beaded chain
109



Stainless steel necklace with 1" medallion and 26" chain
102

SPORT COLLECTION \$40



Black with Velcro® closure (small emblem)
209



Navy with Velcro® closure (small emblem)
212

Suitable for adults and children.

All Sport Bands feature heavy gauge stainless steel rings to secure emblem.

KIDS COLLECTION \$40



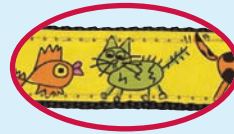
Zoo with plastic slide-in buckle (small emblem)
205



Whale with plastic slide-in buckle (small emblem)
206



Purple & Pink Flower with plastic slide-in buckle (small emblem)
214



Pet Friends with plastic slide-in buckle (small emblem)
217



Soccer with plastic slide-in buckle (small emblem)
218

ACTUAL SIZES

Bracelet Emblem (Actual Size)



Small - 1 1/4"



Large - 1 1/2"

Necklace Emblem (Actual Size)



1"

Sizing – Chain bracelets

Measure your wrist snugly and add 1/2". *bracelet size requested will be the length of the entire identification, including the plaque, clasp and chain

Sizing – Kids & Sport Bands

Kids Collection: available in 7" (fits 5.75" to 6.5") or 8.5" (fits 6" to 8") adjustable bands with plastic slide-in buckle.

Sport Collection: available in full inch increments from 5" to 10" and comes with Velcro® closure.

NOTE: Necklaces are not suitable for children under the age of 10.

Section A

First Nations & Inuit Membership Registration



**Submit the completed application form with a doctor's or nurse practitioner's signature and a copy of your prescription which indicates you need MedicAlert to: Canadian MedicAlert Foundation
2005 Sheppard Avenue East, Suite 800, Toronto, ON M2J 5B4**

Personal Information

Are you, or have you ever been a MedicAlert member? No Yes, MedicAlert ID # _____

First Name _____ Last Name _____ Mr. Mrs. Ms. Dr.

Client ID#: _____ **Band #** _____ **Family #** _____

Communications English French Date of Birth: (m/d/y) _____ / _____ / _____ Gender: M F

Mailing Address _____ Apt. _____

City _____ Province/Territory _____ Postal Code _____

Tel. (_____) _____ Alternate Tel. (_____) _____ ext. _____

Email _____

Parent/Guardian Information

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.

Name _____ Relationship _____

Address: _____ City _____ Prov. _____ Postal Code _____

Phone (_____) _____ Alternate Tel. (_____) _____

TO BE COMPLETED BY DOCTOR/NURSE PRACTITIONER this section must be completed before submission

Doctor/Nurse Practitioner name (please print): _____ **College of Physicians #** _____

Patient requires MedicAlert **Prescription attached** **Signature** _____

Product Information

STEP 1: Select a bracelet or necklace that best suits your needs from the collections shown and check the appropriate box below.

STEP 2: Measure your wrist size and fill in the size and the price on the order form below and tabulate the 5% GST.

STEP 3: Calculate the full price by adding Lines 1 and 2 together and place total in Line 3.

STEP 4: Please complete the personal and medical information on this form, include your doctor's or nurse practitioner's prescription and their name and signature and ensure that you have read and signed the member statement.

<i>Please check the appropriate box.</i>	WRIST SIZE	PRICE
LIFETIME MEMBERSHIP FEE		\$ 50.00
LEGACY (\$39) <input type="checkbox"/> 103 <input type="checkbox"/> 104 <input type="checkbox"/> 102 <input type="checkbox"/> 106 <input type="checkbox"/> 109		
SPORT (\$40) <input type="checkbox"/> 209 <input type="checkbox"/> 212		
KIDS (\$40) <input type="checkbox"/> 205 <input type="checkbox"/> 206 <input type="checkbox"/> 214 <input type="checkbox"/> 217 <input type="checkbox"/> 218		

Shipping & Handling	\$ 8.99
Total Before GST	LINE 1
GST 5%	LINE 2
Total (Lines 1 & 2)	LINE 3

This form should not be sent to the Non-Insured Health Benefits (NIHB) office.

Submit the completed form with a doctor or nurse practitioner's signature and a copy of your prescription to Canadian MedicAlert Foundation, 2005 Sheppard Avenue East, Suite 800, Toronto, ON M2J 5B4

GST REG. #10686 3293

NIHB06N

Section B

Medical Information

Note: Common medical terminology and abbreviations will be used.

Engraving language English French

Medical Conditions _____

All Current Medications (dosage not required) _____

Allergies (as diagnosed by a physician) _____

Devices/Implants (include a copy of your implant card) TYPE: _____

Manufacturer _____ Model # _____ Serial # _____

Special Needs: _____

Emergency Medical Contacts

Physician 1 _____ Specialty _____

Tel.(_____) _____ ext _____

Physician 2 _____ Specialty _____

Tel.(_____) _____ ext _____

Personal Emergency Contacts (family/friends)

1. Name _____ Relationship _____

Home Tel. (_____) _____ Alternate Tel. (_____) _____

2. Name _____ Relationship _____

Home Tel. (_____) _____ Alternate Tel. (_____) _____

Member Statement

Member Statement

Membership with the Canadian MedicAlert® Foundation ("MedicAlert") is conditional on an individual's acceptance of the following terms and conditions (the "Member Statement").

I ACKNOWLEDGE and agree that:

- on my becoming a member, MedicAlert will create and maintain, an electronic member record ("File") containing personal and personal health information that I provide or arrange to have provided to MedicAlert (together with "my Personal Information"), which File will be identified by my name and held at 2005 Sheppard Avenue East, Suite 800, Toronto, Ontario M5J 5B4 and will provide me with: i) a custom engraved MedicAlert bracelet, necklace or watch; ii) the 24-hour MedicAlert Emergency Hotline service; iii) a MedicAlert membership card and iv) secure web based access to my File (collectively the "Services");
- MedicAlert will use and disclose my Personal Information for the purposes of providing and administering the Services, including without limitation, providing my Personal Information to emergency responders and other health professionals (collectively "Responders") who contact MedicAlert, may transfer my Personal Information to third party service providers retained by MedicAlert to assist it in administering or providing the Services where necessary for the provision of the Services, and will allow MedicAlert Foundation International, which operates in the USA, access to my File for the purpose of providing the MedicAlert Emergency Hotline;
- I will advise MedicAlert promptly of any error on my File, MedicAlert bracelet, necklace or watch or membership card, update my File information at least once per year and pay any and all service fees associated with my membership on or before the renewal date of my membership and I understand that if I do not pay applicable service fees or have not updated my File, MedicAlert will stop providing me with regular Services
- MedicAlert or Responders may contact the emergency contacts I have provided for or with information about me in case of an emergency and MedicAlert will accept information about my health from emergency contacts and guardians listed in my File, provided the contacts and guardians know my member number; full name, date of birth, and address, but will not disclose my Personal Information unless I have instructed otherwise;

- MedicAlert, its officers, directors, employees and representatives, will not be liable for any claims, actions, damages, losses or consequences of any kind arising out of or in connection with any errors or omissions in my Personal Information (regardless of whether such information is provided by me or by a third party); MedicAlert may use aggregate health information, which is not in a form that identifies me or any other individual, for research projects or studies of interest to the health care community; and
- unless I have checked the applicable box below, I will receive by e-mail or any other method of communication chosen by MedicAlert, informational mailings such as the MedicAlert newsletter and information on charitable works, programs and services that may be of interest to me ("Informational Mailings");
 - Do not send me Informational Mailings
 - Send me Informational Mailings by ordinary post only.
- I UNDERSTAND that I may obtain a copy of the MedicAlert privacy policy, more information about its privacy practices and information about accessing or correcting my Personal Information on the MedicAlert website at <http://www.medicalert.ca> or by calling MedicAlert's Chief Privacy Officer at 1-800-668-1507.

Signature _____ Date _____

Name: (print) _____

Phone Number: (_____) _____

Relationship to member: self parent guardian

Other (Specify) _____

If not the member, I have the authority to bind the member. _____