

# How the Program Works

Lifetime membership with MedicAlert® is available through Health Canada's Non-Insured Health Benefits (NIHB) Program.

NIHB will cover the initial cost of any bracelet, sport band or necklace included in this application form plus membership. Medical updates to your file are **FREE OF CHARGE** and MedicAlert provides a **DISCOUNT** for any replacement ID you might need.

NIHB 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 about the information collected by Health Canada, kindly contact your regional office.



**Please submit the completed form with a doctor's or nurse practitioner's signature and a copy of your prescription to MedicAlert Foundation Canada by mail or fax.**

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

# About MedicAlert® Foundation Canada

## Only MedicAlert

- Has a 24/7 Emergency Hotline that answers calls within an average of 5 seconds in 140 languages
- Engraves IDs based on globally recognized medical editing standards verified by doctors and paramedics
- Will notify loved ones of the member's condition and whereabouts
- Is a registered charity that has served over 1 million Canadian members for over 50 years

To learn more, visit [medicalert.ca/nihb](http://medicalert.ca/nihb).

Tel: 1.800.668.1507 | Fax: 1.800.392.8422



MedicAlert® is a Registered Trademark and Service Mark. MedicAlert® Foundation Canada is a national registered charity. Charitable Registration No. 10686 3293 RR0001.

Join for **FREE\***



Exclusive Offer for  
**First Nations & Inuit Peoples**

\*See inside for details about this special subsidized program.

# Select a MedicAlert® ID that suits your style

## Bracelets



Stainless Steel  
Bracelet Small  
Emblem (#100) ■

Stainless Steel Bracelet  
Large Emblem (#101) ■



Urban Links Bracelet  
Pink (#167) ○



Urban Links Bracelet  
Blue (#165) ○



Urban Links Bracelet  
Purple (#166) ○



Urban Links Bracelet  
Black (#159) ○

## Sport Bands



Black Sport Band, 6"  
to 10" (#209)

Navy Sport Band, 6" to  
10" (#212)

Neon Blue Sport Band, 6 1/2",  
8" and 9 1/2" (#289)



Neon Purple Sport Band, 6 1/2",  
8" and 9 1/2" (#290)



Chopper Sport  
Band (#249) △



Canadiana Sports  
Band (#277) △

Pink & Purple Sport  
Band (#214) △

Green Camouflage  
Sport Band (#223) △

Whale Sport Band  
(#206) △



## Necklaces



Stainless Steel  
Dog Tag, 30"  
(#106)

Black Stainless  
Steel Dog Tag,  
30" (#109)

Stainless Steel, 26"  
Necklace (#102)

## SIZING INFORMATION

Use a cloth ruler or the one provided to measure your wrist comfortably in inches. When measurement is 1/4 inch size, order the next 1/2 inch size up.

Use the chart below to find your size.

Necklaces not suitable for children under the age of 10.

Find wrist size	■	○	△
5"	5"	5 1/2"	N/A
5 1/2"	5 1/2"	6"	5 1/2"
6"	6"	6 1/2"	6"
6 1/2"	6 1/2"	7"	6 1/2"
7"	7"	7 1/2"	7"
7 1/2"	7 1/2"	8"	7 1/2"
8"	8"	N/A	8"
8 1/2"	8 1/2"	N/A	8 1/2"
9"	9"	N/A	N/A
10"	N/A	N/A	N/A

### 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 ID #** \_\_\_\_\_ **Family ID #** \_\_\_\_\_

Communications ☐ English ☐ French Date of Birth (m/d/y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender ☐ M ☐ F

Mailing Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Best # to Contact (\_\_\_\_) \_\_\_\_\_ Alternate Tel. (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Best Time to Call ☐ AM ☐ PM Email\* \_\_\_\_\_ ☐ Not Available

### 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. Parent or guardian should be the first Personal Emergency contact.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Tel. (\_\_\_\_) \_\_\_\_\_ Alternate Tel. (\_\_\_\_) \_\_\_\_\_ E-mail\* \_\_\_\_\_

### Emergency Medical Contacts

Physician 1 \_\_\_\_\_ Address: \_\_\_\_\_

Specialty \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ ☐ Is this the Referring Physician?

Physician 2 \_\_\_\_\_ Address: \_\_\_\_\_

Specialty \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ ☐ Is this the Referring Physician?

### Personal Emergency Contacts (family/friends)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Tel. (\_\_\_\_) \_\_\_\_\_ Alternate Tel (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Tel. (\_\_\_\_) \_\_\_\_\_ Alternate Tel (\_\_\_\_) \_\_\_\_\_

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

### 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 \_\_\_\_\_

### 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) \_\_\_\_\_

TYPE \_\_\_\_\_ MANUFACTURER \_\_\_\_\_ MODEL NO. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

Special Needs \_\_\_\_\_

\* By providing your email address, you are giving MedicAlert the permission to email you to collect your communication preferences.

# Order Form

# PRODUCT CODE	PRODUCT NAME	SIZE	PRICE
			\$ 39.00
		Shipping & Handling	\$ 8.99
		SUBTOTAL	\$ 47.99
		GST ( # 10686 3293)	\$ 2.40
		SUBTOTAL	\$ 50.39
		Lifetime Membership Fee	\$ 50.00
		TOTAL	\$ 100.39

## Member Statement (Please ensure you read and sign the member statement below)

Membership with the MedicAlert® Foundation Canada ("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 "my Personal Information"), which File will be identified by my name and held at 2005 Sheppard Avenue East, Suite 800, Toronto, Ontario M2J 5B4, and will provide me with: i) a custom engraving on my MedicAlert Identification Product ("ID"); ii) the 24-hour Emergency Hotline service; iii) Communications Pertaining to MedicAlert; and iv) electronic access to my File (collectively the "Services").
- MedicAlert will use and disclose my Personal Information for the purposes of providing and administering the Services and where necessary for these purposes, may transfer or otherwise allow access to my Personal Information to third party service providers retained by MedicAlert to assist it in administering or providing the Services, (including the U.S.A. based MedicAlert Foundation International in connection with the MedicAlert Emergency Hotline).
- I will advise MedicAlert promptly of any error, or change on my File, MedicAlert ID or membership card, review and confirm my File information at least once per year and I recognize that this is a binding agreement between myself and MedicAlert and, unless I sign and submit a Service cancellation release form, I shall be responsible for all Service fees that I owe under this agreement. Further, if I submit a Service cancellation form, MedicAlert will remove all identifying Personal Information in my File, and cease providing me with the Services; and I will stop wearing my MedicAlert® Identification.
- MedicAlert, emergency responders and other health professionals (collectively "Responders") may contact the emergency contacts, guardian and or caregivers (collectively "Contacts") I have identified to obtain or disclose my Personal Information in circumstances which the Responders deem to be an emergency. In addition, in circumstances which are not emergencies, MedicAlert will discuss my File with my Contacts as necessary if: i) I have provided my consent or the Contacts are otherwise legally authorized to act on my behalf; and ii) the Contacts can authenticate themselves.
- MedicAlert, its officers, directors, employees and representatives, will not be liable for any consequences of any kind whatsoever, including without limitation, claims, actions, proceedings, damages and losses 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 aggregate my Personal Information with other health information, in a manner that does not identify me or any of my Contacts, and use the aggregate information for research projects or studies of interest.
- If I am a participant in the MedicAlert Safely Home Program, MedicAlert will also provide my demographic information to the Alzheimer Society of Canada, and the local Alzheimer Society chapter for the purpose of: offering me access to support and education; and unless I opt out by calling 1.855.581.3794 or by visiting [medicalert.ca/mymedicalert](http://medicalert.ca/mymedicalert) information about how the work of the Alzheimer Society in Canada is funded.
- I will receive communication from MedicAlert by mail, email or phone. I may change my communication preferences at any time by visiting [medicalert.ca/mymedicalert](http://medicalert.ca/mymedicalert) or by calling 1.855.724.2499.

I UNDERSTAND that I may obtain a copy of the MedicAlert privacy policy, more information about MedicAlert privacy practices and information about accessing or correcting my Personal Information in my File on the MedicAlert Foundation Canada website at [medicalert.ca/privacy](http://medicalert.ca/privacy) or by calling the MedicAlert Chief Privacy Officer at 1.866.679.3217 x 1243.

I ACKNOWLEDGE and agree that I have read and understand the MedicAlert Member Statement available online at [medicalert.ca](http://medicalert.ca) and by calling 1-800-668-1507. If I am not the applicant, I represent that I have the permission of the applicant or a legal right to complete this form on behalf of the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

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 or Nurse practitioner's signature** and a **copy of your prescription** to:

MedicAlert Foundation Canada  
2005 Sheppard Ave East, Suite 800  
Toronto, ON M2J 5B4

FAX: 1.800.392.8422