MedicAlert® FOUNDATION CANADA

MEMBERSHIP ASSISTANCE PROGRAM

Financial hardship should not be an obstacle to having access to emergency medical information services. That's why, alongside Canada's healthcare practitioners, MedicAlert offers a Membership Assistance Program which provides MedicAlert services at no cost to Canadians.

Individuals can apply for assistance by completing the below application form. The referring doctor, nurse, social worker or pharmacist must complete and sign Section B of this form. Applications are individually reviewed and program duration will cover one (1) year from date of member enrolment. MedicAlert reserves the right to verify the information provided and consideration will be given annually as to continued assistance.

Once all sections of the application form have been completed, send it to MedicAlert:

By mail: MedicAlert Foundation Canada, Morneau Shepell Centre II, 895 Don Mills Road, Suite 600, Toronto, Ontario M3C 1W3 or
By fax: 1.800.392.8422

Personal Information

Are you, or have you ever been a MedicAlert® member? ❑ No ❑ Yes MedicAlert ID# ____________

First Name ____________ Last Name ____________ ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

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 ______

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

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.

SECTION B

Referral

To be eligible for Membership Assistance, this Section **must be completed and signed** by one of the following referrals:

Referred by: Physician ❑ Nurse ❑ Social Worker ❑ Pharmacist ❑

Referral Name: ______________________ Phone Number: (______) ______________

I, ______________________ have sufficient knowledge about the applicant and his/her circumstances and health condition to recommend a subsidized MedicAlert® membership on the basis of financial need.

Referral Signature: ______________________ Date: ______________

Medical ID Choice

Sizing Information:

Use a cloth ruler to measure your wrist comfortably in inches. When measurement is ¼ inch size, order the next ½ inch size up. Use the chart to find your size. Necklaces not suitable for children under the age of 10.

100-A

101-B

102 (26" Chain)

Wrist Sizes
5"
5 ½"
6"
6 ½"
7"
7 ½"
8"
8 ½"
9"

Please select your MedicAlert ID style: 100-A ❑ 101-B ❑ 102 ❑ Size: ______________

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 Morneau Shepell Centre II 895 Don Mills Road Suite 600 Toronto ON M3C 1W3, 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 information about how the work of the Alzheimer Society in Canada is funded.
- I will receive communication from MedicAlert based on the communication preferences indicated below. I may change my communication preferences at any time by calling 1.855.724.2499 or by visiting medicalert.ca/mymedicalert.

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 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 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: ______________ Telephone Number: ______________________

Name (print): ______________________ Relationship to Member: ______________________