

# Six out of 10 people with Alzheimer's will wander

You can't know when it will happen, but you'll know  
what to do when it does.



 **MedicAlert** + **safe return** alzheimer's  association

Live 24-hour emergency response service for wandering and medical emergencies



[www.medicalert.org/safereturn](http://www.medicalert.org/safereturn)

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Fax form to 1.800.863.3429

It is common for a person with dementia to wander and become lost; many do repeatedly. In fact, over 60 percent of those with dementia will wander at some point during the course of the disease. Wandering can be dangerous—even life threatening. The stress can weigh heavily on caregivers and family.

The Alzheimer's Association and MedicAlert Foundation International have formed an alliance to improve the safety of individuals with Alzheimer's or a related dementia. MedicAlert® + Alzheimer's Association Safe Return® is a 24-hour nationwide emergency response service for individuals with Alzheimer's or a related dementia who wander or have a medical emergency. We provide 24-hour assistance, no matter when or where the person is reported missing.

If an individual with Alzheimer's or a related dementia wanders and becomes lost, caregivers can call the 24-hour emergency response line (1.800.625.3780) to report it. A community support network will be activated, including local Alzheimer's Association chapters and law enforcement agencies, to help reunite the family member or caregiver with the person who wandered. With this enhanced service, critical medical information will be provided to emergency responders when needed.

## How it works

### Member is reported missing

Information and photo are faxed to local police, who conduct the search. Support is provided by MedicAlert + Safe Return and local Alzheimer's Association chapters.

### Member is found

Citizen or emergency personnel finds the person and calls the toll-free number listed on the member's ID jewelry.

MedicAlert + Safe Return notifies member's listed contacts, making sure the person is returned home.

## Cost

### **\$49.95 fee includes:** **Paid by the VA**

- » Member's ID jewelry with personalized information and MedicAlert + Safe Return's 24-hour emergency toll-free number
- » Personalized emergency wallet card
- » 24-hour emergency response service
- » Personal health record (PHR)
- » *Six Steps to a Safe Return* magnet

### **(Optional) Add \$25 for caregiver ID jewelry and membership**

**Paid by caregiver**

- » Membership includes everything listed above
- » The caregiver wears this worldwide-recognized ID jewelry to alert others that he or she provides care for a MedicAlert + Safe Return member, in case of an emergency

### **\$25 annual renewal fee** **Paid by the VA**

An annual fee of \$25 will be due after the first year for each membership.

# Member enrollment

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Last name \_\_\_\_\_

First name \_\_\_\_\_

Nickname \_\_\_\_\_

Address (no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Birth date \_\_\_\_\_  Male  Female

Last 4 digits of Social Security No. \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Race/ethnicity \_\_\_\_\_

Skin tone  Dark  Medium  Fair

Mole  Tattoo  Scar  Birth mark

## Drug allergies

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List all known drug allergies

\_\_\_\_\_

\_\_\_\_\_

## Medications

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List all medications and dosages, including inhalers

Medication	Prescribed Dosage
_____	_____
_____	_____
_____	_____
_____	_____

## Medical conditions

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Only individuals with Alzheimer's or a related dementia are eligible for the MedicAlert + Safe Return program.

- Alzheimer's Disease  
 Other Dementia \_\_\_\_\_

## Other conditions

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- |   |   |
|---|---|
| <input type="checkbox"/> Angina                                       | <input type="checkbox"/> Epilepsy                 |
| <input type="checkbox"/> Arthritis                                    | <input type="checkbox"/> Glaucoma                 |
| <input type="checkbox"/> Asthma                                       | <input type="checkbox"/> Hearing Impaired         |
| <input type="checkbox"/> Atrial Fibrillation                          | <input type="checkbox"/> Hypertension             |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Myocardial Infarction    |
| <input type="checkbox"/> Congestive Heart Failure                     | <input type="checkbox"/> Organ Transplant         |
| <input type="checkbox"/> Coronary Artery Disease                      | <input type="checkbox"/> Seizure Disorder         |
| <input type="checkbox"/> Diabetes                                     | <input type="checkbox"/> Stroke                   |
| <input type="checkbox"/> Emphysema                                    | <input type="checkbox"/> Von Willebrand's Disease |
| <input type="checkbox"/> Other _____                                  |   |
| <input type="checkbox"/> Implant* _____                               |   |

## Primary contact information

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Last name \_\_\_\_\_

First name \_\_\_\_\_

Address (no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone home (\_\_\_\_\_) \_\_\_\_\_

cell (\_\_\_\_\_) \_\_\_\_\_

work (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

\* Please list the manufacturer model and serial number, or include a copy of your implant card with this form.

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## Secondary contact information

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Last name \_\_\_\_\_

First name \_\_\_\_\_

Address *(no PO Boxes)* \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone home ( \_\_\_\_\_ ) \_\_\_\_\_

cell ( \_\_\_\_\_ ) \_\_\_\_\_

work ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

## Optional \$25 caregiver enrollment

Last name \_\_\_\_\_

First name \_\_\_\_\_

Nickname \_\_\_\_\_

Address *(no PO Boxes)* \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone home ( \_\_\_\_\_ ) \_\_\_\_\_

cell ( \_\_\_\_\_ ) \_\_\_\_\_

work ( \_\_\_\_\_ ) \_\_\_\_\_

Birth date \_\_\_\_\_  Male  Female

Last 4 digits of Social Security No. \_\_\_\_\_

## Drug allergies

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List all known drug allergies

\_\_\_\_\_  
\_\_\_\_\_

## Medications

---

List all medications and dosages, including inhalers

Medication	Prescribed Dosage

## Medical conditions

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Check the box next to each of your conditions and write in any others. While these conditions are very important, any condition that requires continued physician care or special attention in an emergency should be noted.

- |   |   |
|---|---|
| <input type="checkbox"/> Angina                                       | <input type="checkbox"/> Epilepsy                 |
| <input type="checkbox"/> Arthritis                                    | <input type="checkbox"/> Glaucoma                 |
| <input type="checkbox"/> Asthma                                       | <input type="checkbox"/> Hearing Impaired         |
| <input type="checkbox"/> Atrial Fibrillation                          | <input type="checkbox"/> Hypertension             |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Myocardial Infarction    |
| <input type="checkbox"/> Congestive Heart Failure                     | <input type="checkbox"/> Organ Transplant         |
| <input type="checkbox"/> Coronary Artery Disease                      | <input type="checkbox"/> Seizure Disorder         |
| <input type="checkbox"/> Diabetes                                     | <input type="checkbox"/> Stroke                   |
| <input type="checkbox"/> Emphysema                                    | <input type="checkbox"/> Von Willebrand's Disease |

Other \_\_\_\_\_

Implant\* \_\_\_\_\_

No known medical conditions

## Emergency contact

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Last name \_\_\_\_\_

First name \_\_\_\_\_

Nickname \_\_\_\_\_

Phone home ( \_\_\_\_\_ ) \_\_\_\_\_

cell ( \_\_\_\_\_ ) \_\_\_\_\_

work ( \_\_\_\_\_ ) \_\_\_\_\_

# Member ID jewelry & payment

1"

## Select your ID jewelry included in your membership

*Products are shipped to the primary caregiver unless otherwise requested.*

2"

### Measure wrist for ID bracelet

Use a flexible tape measure to determine wrist size, or wrap a string around your wrist and measure it against the ruler on the side of this page.

3"

### Front of jewelry

Z101 Stainless Steel Large Emblem, Purple Logo w/ Bracelet (not pictured)

Z102 Stainless Steel Small Emblem, Purple Logo w/ Bracelet



4"

Z100 Stainless Steel Round Pendant, Purple Logo



5"

### Back of jewelry



6"

## Other products are available online at [www.medicalert.org/safereturn](http://www.medicalert.org/safereturn)

7"

### Emblem engraving

In an emergency, response personnel need to be aware of your loved one's critical medical information in order to treat them correctly. Their MedicAlert + Safe Return jewelry will be engraved with their member ID number and our 24-hour emergency response number to enable responders to assist your loved one immediately. To help assure you receive thorough, accurate treatment, the condition our trained staff deems most relevant to your medical needs in an immediate emergency treatment will be engraved on the jewelry.

8"

**Please note:** Once your jewelry has been engraved and shipped, there will be an additional charge for any changes requested. Jewelry engraving is personalized to individual members and cannot be transferred to another individual, altered, sold or returned.

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### Member jewelry selection

- Type  Small Stainless Steel bracelet (1<sup>3</sup>/<sub>8</sub>" )  
 Large Stainless Steel bracelet (1<sup>5</sup>/<sub>8</sub>" )  
 Stainless Steel pendant (1<sup>1</sup>/<sub>4</sub>" ) with necklace (26" chain)

Exact wrist measurement \_\_\_\_\_ inches  
*(Required for bracelet. Please measure wrist snugly and add 1/2".)*

### Caregiver jewelry selection (if purchasing caregiver membership)

- Type  Small Stainless Steel bracelet (1<sup>3</sup>/<sub>8</sub>" )  
 Large Stainless Steel bracelet (1<sup>5</sup>/<sub>8</sub>" )  
 Stainless Steel pendant (1<sup>1</sup>/<sub>4</sub>" ) with necklace (26" chain)

Exact wrist measurement \_\_\_\_\_ inches  
*(Required for bracelet. Please measure wrist snugly and add 1/2".)*

### Consent

**Important:** By accepting membership in MedicAlert Foundation, for yourself as member or caregiver and/or as caregiver on behalf of the member named above (collectively, "you"), you authorize MedicAlert to release all medical and other confidential information about you in emergencies and to other health care personnel you designate. If you choose to terminate membership, you must notify us in writing and return your jewelry. MedicAlert relies upon the accuracy of the information that you provide. You, therefore, agree to defend, indemnify, and hold MedicAlert (including its employees, officers, directors, agents, and organizations with which it maintains a marketing alliance for the provision of services hereunder) harmless from any claim or lawsuit brought by member or others for injury, death, loss or damages arising in whole or in part out of your provision of incomplete or inaccurate information to MedicAlert. Furthermore, as caregiver for the member named above, you hereby represent and warrant to MedicAlert that you have full power and authority, as the duly authorized representative of such member, to enroll and act on his or her behalf.

### Signature

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### Recent photo of member provided?

- Yes  No

*Send original photo, passport size or larger. Photo will not be returned. Please write member's name on back of photo.*

### Cost

One time enrollment fee	<b>\$ 49.95</b>
Optional caregiver membership and jewelry (\$25.00)	_____
Shipping and handling	<b>\$ 4.95</b>
<b>Total</b>	<b>\$ _____</b>

### \$25 annual renewal fee

When annual fee is due, I authorize the \$25 charge to my designated account listed below:

- Yes  No

### Payment

- Check *(made payable to MedicAlert Foundation)*  
 Visa®  Mastercard®  
 American Express®  Discover®

Card number \_\_\_\_\_

Expiration date \_\_\_\_ / \_\_\_\_

Cardholder's name:

## Did you know?

MedicAlert is a nonprofit foundation that pioneered the first personal health record and medical identification service in 1956 as a way to provide people with a simple but effective method for communicating about their medical conditions. We have saved more than 100,000 lives, by relaying critical medical information on behalf of our members.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

## Sign up today

**1.888.572.8566**

**[www.medicalert.org/safereturn](http://www.medicalert.org/safereturn)**

**Please mail in this form to sign up so that the VA will be billed for the charges.**

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