

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
FOUNDATION

Live 24-hour emergency response for
wandering and medical emergencies



safe return

alzheimer's  association

PREPARE FOR THE EXPECTED

It's common for a person with dementia to wander and become lost; many do so repeatedly. In fact, six out of 10 people with dementia will wander at some point during the course of the disease. Wandering can be dangerous — even life threatening — and the stress can weigh heavily on caregivers and family.

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

FOUR EASY WAYS TO JOIN:

1. Mail form inside this brochure to
MedicAlert + Safe Return
P.O. Box 21009
Lansing, MI 48909
2. Call **888.572.8566**
3. Register online at **[medicalert.org/safereturn](https://www.medicalert.org/safereturn)**
4. Fax form to **800.863.3429**

HOW IT WORKS

Member is lost

- » Call 911 and report a missing person.
- » Caregiver calls the 24-hour emergency response line (**800.625.3780**) to report the situation.
- » Information and a photo are faxed to local police who conduct the search.
- » Support is provided by MedicAlert + Safe Return and local Alzheimer's Association offices to help reunite the family member or caregiver with the person who wandered.

Member is found

- » Emergency personnel or whoever finds the person 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

\$55 fee includes:

- » 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 \$35 for caregiver ID jewelry and membership

- » Membership includes everything listed above.
- » This ID jewelry, recognized around the world, alerts others that the person provides care for a MedicAlert + Safe Return member, in case of an emergency.

\$35 annual renewal fee

An annual fee of \$35 will be due after the first year for each membership.

SELECT THE ID JEWELRY

Measure wrist for ID bracelet

Use a tape measure or wrap a string around your wrist and measure against the ruler on this page.

Front of jewelry



Z101
Large Purple Medical ID Bracelet



Z102
Small Purple Medical ID Bracelet



Z100
Purple Medical ID Pendant

Back of jewelry



MEMBER



CAREGIVER

Other products are available online at medicalert.org/safereturn.

Emblem engraving: In an emergency, response personnel need to be aware of your loved one's critical medical information in order to correctly treat them. Their MedAlert + 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 thorough, accurate treatment, the most critical condition will be engraved on the jewelry.

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.

Medical conditions

Only individuals with Alzheimer's, mild cognitive impairment or dementia are eligible for the MedicAlert + Safe Return program.

- Alzheimer's disease
- Mild cognitive impairment
- Other dementia _____

Other conditions

- | | |
|---|---|
| <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* _____

Primary contact information

Last name _____

First name _____

Address (no PO Box) _____

City _____

State _____ ZIP _____

Phone home (_____) _____

Cell (_____) _____

Work (_____) _____

Email _____

Secondary contact information

Last name _____

First name _____

Address (no PO Box) _____

City _____

State _____ ZIP _____

Phone home (_____) _____

Cell (_____) _____

Work (_____) _____

Email _____

OPTIONAL \$35 CAREGIVER ENROLLMENT

Last name _____

First name _____

Nickname _____

Address (no PO Box) _____

City _____

State _____ ZIP _____

Phone home (_____) _____

Cell (_____) _____

Work (_____) _____

Birthdate (MM/DD/YYYY) _____ Male Female

Last 4 digits of Social Security No. _____

Drug allergies – list all known

Medications – list all, including inhalers and dosages

Medication

Prescribed dosage

Medication	Prescribed dosage

Medical conditions – check all that apply

Be sure to note any condition that requires continued physician care or special attention in an emergency.

- | | |
|---|---|
| <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

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

Emergency contact

Last name _____

First name _____

Nickname _____

Phone home (_____) _____

Cell (_____) _____

Work (_____) _____

Member jewelry selection

- Type Small stainless steel bracelet (1^{3/8}")
 Large stainless steel bracelet (1^{5/8}")
 Stainless steel pendant (1^{1/4}") 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^{3/8}")
 Large stainless steel bracelet (1^{5/8}")
 Stainless steel pendant (1^{1/4}") 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

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	\$ 55
Optional caregiver membership and jewelry (\$35)	_____
Shipping and handling	\$ 7
Total	\$ _____

\$35 annual renewal fee

When annual fee is due, I authorize the \$35 charge to my designated account listed below:

Yes No

Payment

Check (made payable to MedicAlert Foundation)

Visa® Mastercard®

American Express® Discover®

Card No. _____

Expiration date _____ / _____

Cardholder's name:

Cardholder's signature:

Please mail to:

MedicAlert + Alzheimer's Association Safe Return
P.O. Box 21009
Lansing, MI 48909



alz.org/safety

The Alzheimer's and Dementia Safety Center offers additional resources, such as:

- » Information about home safety.
- » Dementia and Driving Resource Center.



alz.org/care

The Alzheimer's and Dementia Caregiver Center provides information and tools, including:

- » Alzheimer's Navigator® – Assess your needs and create customized action plans of support and resources.
- » Community Resource Finder – Find local resources.
- » ALZConnected® – Connect with others affected by dementia.



800.272.3900

24/7 Helpline – Available all day, every day.
(TTY: 866.403.3073)

alzheimer's association®

The Alzheimer's Association is the leading voluntary health organization in Alzheimer's 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.

Our vision is a world without Alzheimer's disease®.

800.272.3900 | alz.org®

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