

SPONSORED MEMBERSHIP FOR CHILDREN THROUGH THE CARLOS VIEIRA FOUNDATION



MEMBER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL ADDRESS		
DATE OF BIRTH	GENDER		
PARENT / GUARDIAN NAME	PARENT / GUARDIAN EMAIL		
PARENT / GUARDIAN PHONE #1	PHONE #2		
PRIMARY PHYSICIAN	PHYSICIAN PHONE		

MEDICAL CONDITIONS / ALLERGIES / MEDICATIONS

Check the box next to each of your child's conditions and write in any others not listed. 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"/> Asthma | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Implant |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Congenital Heart Defect | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Hemophilia | |

ALLERGIES: List all known food, drug or other allergies

MEDICATIONS: List all medications and dosages, including inhalers

Engraving: The MedicAlert® ID will be engraved with your child's membership number and our 24-hour emergency response number, enabling responders to assist your child immediately. To provide the best service possible, our trained staff will determine what additional critical information (e.g., a medical condition) should be engraved on the ID.

Important: By accepting membership with MedicAlert Foundation, you authorize MedicAlert to release all information about your child in emergencies. MedicAlert relies upon the accuracy of the information you supply. As the parent/guardian, you agree to defend, indemnify, and hold MedicAlert (including its employees, officers, directors, and agents) harmless from any claim or lawsuit brought by you or others for injury, death, loss or damages arising in whole or in part out of your provision of incomplete or inaccurate information about your child to MedicAlert. Furthermore, as a parent/guardian for the child(ren) named above, you hereby represent and warrant to MedicAlert that you have full power and authority, as the duly authorized representative of the child(ren), to enroll and act on their behalf.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

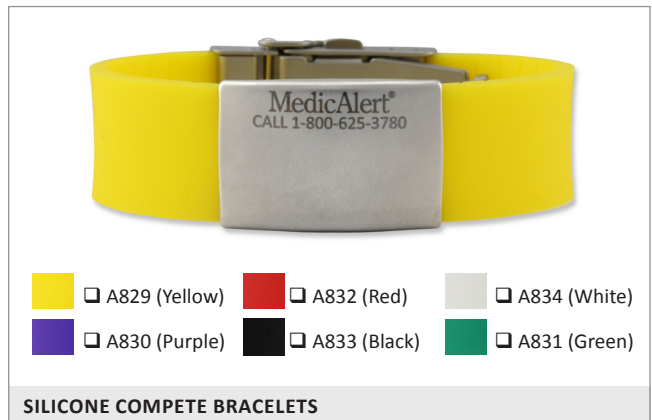
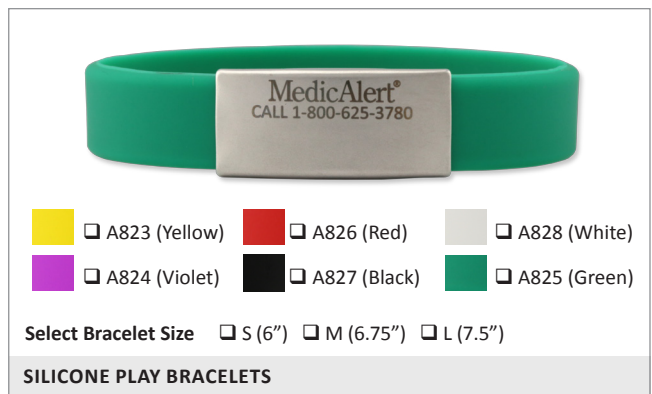
MEDICALERT ENROLLMENT INCLUDES:

- Live 24/7 emergency response services
- Live 24/7 family notification services
- One personalized MedicAlert medical ID shoe tag
- One personalized MedicAlert medical ID bracelet
- Emergency Health Record
- Emergency wallet card

FREE MEDICALERT MEDICAL ID SHOE TAG



FREE MEDICALERT MEDICAL ID BRACELET (CHOOSE ONE)



Mail completed application to: MedicAlert Foundation, P.O. Box 819012, Turlock, CA 95381 or Fax to: 209.669.2495 (attn: Advancement Department)