

Join MedicAlert® Today:
Phone
 1800 88 22 22

Online
www.medicalert.org.au
By Fax
 1800 643 259
 (Fax both pages of this form,
 including your credit card details)

By Mail
 MedicAlert®
 GPO Box 9963
 in your Capital City

**OFFICE USE
 ONLY**

Personal Information

Mr / Mrs / Miss / Ms / Dr First Name(s) _____

Surname _____

Address _____

Suburb/Town _____ Postcode _____

Phone (Home) () _____

(Bus) () _____ (Mobile) _____

Email _____

Date of Birth / / _____

Emergency Contact

Mr / Mrs / Miss / Ms / Dr Name _____

Relationship _____ Address _____

Postcode _____ Phone (Home) () _____

(Bus) () _____ (Mobile) _____

Doctor Information

Name _____

Address _____

Postcode _____

Phone _____

Medical Information

Medical Conditions
Allergies
Medications

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Records kept at (name of hospital) _____ File No. _____

Other Information (Special Needs / Requests etc...) _____

Blood Group _____

Medical Authentication (this is optional but highly recommended)

Your immediate protection is our highest priority and MedicAlert® understands that it is not always convenient to obtain your healthcare provider's signature to authenticate your medical information immediately. Please consider having this information confirmed the next time you visit your doctor/healthcare provider. MedicAlert® reserves the right to request specific healthcare provider authentication for individual medical conditions at the time of joining.

Doctor/Healthcare Provider - To the best of my ability I believe that the above medical information is current and correct.

Signature _____ Profession _____ Date / / _____

Organ Donor Identification: Your opportunity to save another life

 Organ donor declaration: I hereby declare that I wish to be an organ donor after my death; Kidney Eye Any needed organ

Applicant's Signature _____ Date / / _____

Terms & Conditions

1. To my knowledge the information set out in this Application is accurate and complete at the date of signing. In the Application the information and any other Information which I am requested to provide to MedicAlert® whether before or after the date of signing is called "the Information". 2. I may at a time convenient to me to obtain authentication by my authorised healthcare provider the medical information which has been provided by me on this application form. 3. I authorise MedicAlert® to release any of the Information to any person or organisation who genuinely believes to require the Information in a medical or other emergency. 4. I am responsible for advising MedicAlert® immediately if there is any change in the Information after the date of signing. 5. MedicAlert® is released from any liability for loss or damage sustained by me or any other person arising directly or indirectly as a result of the provision of the Information to any person or organisation if the Information is incorrect or incomplete or out of date due to any act or omission on my part. 6. I understand that the Information contained in this Application will be entered into the MedicAlert® database and that six months after entering the Information the original of this Application will be destroyed. 7. I understand that it is my responsibility to check the Information received on my emblem/membership card and that I must advise MedicAlert® immediately if that Information is incorrect or incomplete. If I accept my emblem/member card I have acknowledged the accuracy and completeness of the Information. 8. I acknowledge that I am responsible to ensure that any information provided by the authorised healthcare provider is accurate when obtained. 9. MedicAlert® may provide the Information to Medic Alert Foundation International on the same terms as set out in this Application. 10. MedicAlert® acknowledges the national privacy principles as set out in section 6 of the Privacy Act 1988. That policy is available to me at my request. 11. I release MedicAlert® from any claim by me if the Information is provided to a person or organisation without my consent provided that MedicAlert® has reasonable grounds for believing that it was in my interests for the Information to be released to that person or organisation. 12. I understand that I can request a record of the Information held by MedicAlert® at any time. 13. I agree that MedicAlert® can use the Information for the purpose of sending me promotional and health-related material. 14. I have read the conditions numbered 1 to 13 and agree to be bound by them.

