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1906 – 1977

Mrs. Chrissie W. Collins
1906 – 2001

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Turlock, CA 95382
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1.209.669.2495 fax
www.medicalert.org

Greetings:

It is a pleasure to inform you that, as a Camp Pacifica attendee, your child has been extended an offer for a one-year MedicAlert® membership and medical ID absolutely **FREE!**

This very special gift was made possible through a partnership between Change a Life Foundation, Deaf Community Services of San Diego, Lions Clubs, and MedicAlert Foundation.

If your child has a medical condition that may put them at risk in an emergency, they need a MedicAlert medical ID. When your children are away from you, their MedicAlert membership and medical ID ensures their medical condition and medical records are available to emergency responders to help with their treatment and help save their lives. Additionally, our live 24/7 emergency identification services help identify children who are involved in emergencies or lost and will notify you or any other designated family contacts of the situation.

ELIGIBILITY

To be eligible for this offer, Campers must meet the following criteria:

- Must be a California resident
- Must be deaf, hard of hearing, hearing impaired, or use ASL
 - If not deaf, hard of hearing, or hearing impaired, must be either a dependent of (or caregiver for) someone who meets the above mentioned criteria

To take advantage of this generous offer, your completed application must be received by Friday, **July 8, 2011** in order to receive the MedicAlert membership and medical ID before leaving for Camp Pacifica.

Protect your child 24/7 a day and send your child to camp with the security and peace of mind provided by MedicAlert membership. We are Always There For YouSM when you cannot always be there with them.

Kind regards,

Everett A. Vieira, III
Program Manager
209.669.2462 (direct)
evieira@medicalert.org

Enclosure

MedicAlert Foundation is a 501(c)(3) nonprofit organization.
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5779

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		

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
- Personalized MedicAlert medical ID
- Personalized emergency wallet card
- Emergency Medical Information Record (EMIRSM)



MedicAlert 24/7 emergency response number

Your vital medical information

Your MedicAlert member number

MEDICALERT MEDICAL IDS

Please choose one ID.



A661

SHOE TAG



A700 (blue)

A701 (pink)

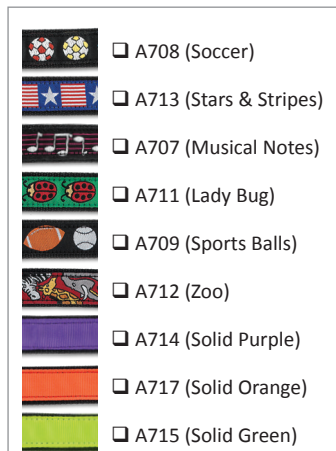
A702 (orange)

Select Bracelet Size

6" 7" 8"

BEADED BRACELETS

Not recommended for children under the age of seven.



A708 (Soccer)

A713 (Stars & Stripes)

A707 (Musical Notes)

A711 (Lady Bug)

A709 (Sports Balls)

A712 (Zoo)

A714 (Solid Purple)

A717 (Solid Orange)

A715 (Solid Green)



A716 (Solid Black)

SPORTS BANDS

(Length of wrist band adjusts to 9")



A601

A600

DOG TAGS

(30" beaded chain necklace)

Not recommended for children under the age of seven.



A126 (Small) A156 (Child's) A091 (Large)

A126 (Red)

A655 (Blue)

A654 (Light Blue)

A656 (Orange)

A657 (Green)

A658 (Pink)

A739 (Black)

A660 (Lilac)

A663 (Teal)

Select Bracelet Size

5" 5½" 6" 6½"

7" 7½" 8" 8½" 9"

When selecting size, please measure your wrist snugly and add ½".

STAINLESS STEEL BRACELETS