Please supply me with an ***New Zealand*** version of;

My "Emergency Alert" Card®

*Please note:- other than the mandatory fields which are marked * only complete fields that are reletive to you the card applicant*

Step 1. My details are:- *Name First name (space then) Last name

*Nationality														
*Language														
*Gender	Male		Female											

Step 2. I require at least 1 of the following numbers to be contacted and alerted to my emergency

Please note:- list numbers of people who have access to their phone 24 hours a day 7 days a week and wherever possible use mobile/cell phone number and please use area codes on all landlines.

	Country code		Area code														
*	6	4															
*	6	4															
	6	4															

Step 3. If required please contact my Doctor #1 or my Specialist #2 note if you have a number of health professionals list the most likely to hold most of your records

	Country code		Area code														
*	6	4															
	6	4															

Step 4. I am allergic to list medical first then food or other

Medical															
Other															

Step 5. I have these Diagnosed Medical issues :- please list in order of severity checking the correct spelling where possible.

1																	
2																	
3																	
4																	

Step 6. My prescribed medications are:- please check the correct spelling with labels on medications

1																	
2																	
3																	
4																	
5																	
6																	
7																	

Step 7. I have been fitted with the following Devices (pacemaker, cochlear implant etc.

1																
2																

Step 8.

SECURITY REQUIRED

This information is for security purposes only ***and will not appear on your card***

These details are used only when updating the information and issuing a replacement cards.

*My email address

@

*My Date of birth... [dd/mm/yyyy]

*My own phone number

	Country code		Area code														
*	6	4															

Step 9. Please deliver My Emergency Alert Card to:-

Name													
Address													
Town													
State/Provence													
Postal/Zip Code													
Country													

Step 10 I have checked...

a. all the alert phone numbers are correct.
b. and listed any allergies that I am aware of.
c. listed any current diagnosed medical issues I have.
d. listed any prescribed Medication I am taking.
e. listed any medical devices I am fitted with.
f. I have completed the Security Required Section
g.The delivery details are correct.

Please process my order.

Signed. ..... Dated / /

Order submitted by _____

Please read important information ...

Ensure that you recieve a computer generated reciept which will also contain an order tracking number.

Please allow 7 to 10 business days for delivery of your card

My Emergency Alert Card
is a Scarrott Publishing product
ABN 727 170 521 20

email info@myalertcard.com.au
write -Scarrott Publishing
P.O. Box 8141, Cleveland,
QLD 4163 Australia