|  |  |
| --- | --- |
| MYASTHENIA GRAVIS ASSOCIATION OF QUEENSLAND INC | |
| mgaqlogo | PO Box 16 Mt Gravatt Qld 4122 Freecall 1800 802 568 |
| REQUEST FOR MEDI-ALERT WALLET CARD |

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Names |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address |  | | |
|  |  | | |
|  |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | Phone Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| GP |  | Phone: |  |
| Specialist |  | Phone: |  |
| Hospital |  | Phone |  |
| ICE Contact |  | Phone |  |
|  |  |  |  |

ICE = In Case of Emergency

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Drugs to be Used With Caution information has been formatted into a wallet card containing member’s personal details as requested. This item will replace the previous Medi-Alert Card.**

**Please complete this form and return to the MGAQ via info@mgaq.org.au, or, post to the MGAQ, P.O. Box 16, Mt. Gravatt, QLD 4122.**

**All personal details will be recorded as supplied and will not be kept once**

**your card has been prepared.**

**There is no additional charge for this member service. A credit card sized, laminated**

**document will be sent via post to the listed address.**

**The Committee trusts that you find this resource invaluable and thanks member Sandi, for the suggestion and skills to make this card happen.**

**Please call 1800 802 568 for additional information.**

**NOTE: MEDI-ALERT WALLET CARDS ARE ONLY AVAILABLE TO MEMBERS OF THE ASSOCIATION**