

CONSOLIDATE YOUR WHAT IF'S

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CARD that offers 24-hour access to crucial healthcare information.

SAFE place for your important documents.

SIMPLE way to have peace of mind.



DocuBank[®]
Instant Access to Vital Documents



DocuBank Minors Matter



DOCUBANK MINORS MATTER

Does anyone know your child as well as you do?

Give your child's trusted caregiver the **DocuBank Minors Matter Card** and give them access to all the medical and personal information they need about your child to successfully handle an emergency in your absence.

THE MINORS MATTER CARD SHOWS:

Child's Name	Parent Contact Information
Allergies	Pediatrician's Phone #
Medical Conditions	

THE MINORS MATTER CARD GIVES IMMEDIATE ACCESS TO:

- Emergency Information Form
- Pediatric Specialists
- Dentist and Orthodontist
- Child's Medication List
- Health Insurance Information
- Emergency Legal Documents (provided by you):
 - Authorization for Medical Care
 - Temporary Guardianship Form
 - Parental Travel Consent Form
- Well-Visit Assessment & Immunization Record

THE MINORS MATTER CARD IS CARRIED BY:

Babysitters | Nannies | Grandparents
Neighbors | Friends | Tweens and Teens

KEEP IMPORTANT INFORMATION SAFE

Each Minors Matter membership includes an online SAFE for controlled access to additional forms and pictures you might need for repeated use. You can provide limited access to the SAFE account to family members so they can see and download files you've selected to share.



“ I gave a copy to my mom when I went out of town. She didn't need to use it (thankfully), but she really appreciated having it! ”

— Sue Welsch, VA



AS SOON AS THE CARD IS USED, YOU ARE SENT AN E-ALERT.



ENROLL Today. Simply fill out the enrollment form on the back of this brochure.

1-866-DOCUBANK • joindocubank@docubank.com • DOCUBANK.COM

DOCUBANK FAMILY SERVICES

The card that keeps them covered.

The SAFE that keeps you sane.



On the Clock for Your Family 24/7

The truth is, you can't always be there in an emergency. With DocuBank Family Services, you don't have to be. We offer you appropriate and immediate access to medical and other critical information needed to properly care for your family and those you love. In addition, you will be sent an e-alert when the card is used.  DocuBank keeps you in the loop, wherever you are.

EVERY DAY AND EVERY EMERGENCY

Each Family Service includes two Emergency Cards: one that fits in your wallet and one that you pass along to your loved one or their care provider. **These DocuBank cards are the link to their crucial information such as pre-existing conditions, allergies, medications, emergency contacts, and healthcare directives (Health Care Power of Attorney, HIPAA release and more).**

The Emergency Card can be used by hospitals to access your loved one's emergency information via fax or online.

Every new membership also includes a complimentary **online SAFE (Store All Files Electronically) to store their important legal documents, vital records,** or precious photos. With SAFE, you can share as much or as little information as you like with others.

OUR FAMILY OF SERVICES OFFERS YOUR FAMILY THE FOLLOWING:



For Young Children:
Minors Matter



For College Students:
ICE (In Case of Emergency)



For Special Needs Adults:
SNAP (Special Needs Access Program)

ENROLL Today for Portable Protection, SAFE Storage & Coordinated Care.
Simply fill out the enrollment form on the back of this brochure.

ENROLLMENT FORM

PROTECTING YOUR FAMILY WITH ANY OF THESE PLANS IS SIMPLE: Follow the instructions at the bottom of this page.

SERVICE SELECTION

(Select only one)

Minors Matter

CHILDREN UNDER 18

1 year \$55 5 years \$175 1 year 5 years

PROVIDED THROUGH (Name of firm and/or professional providing this membership)

Firm Name: _____ Provider: _____

MEMBER INFORMATION (The name that will appear on the card. For Minors Matter, this is the child's info)

Name: _____ Sex: _____ DOB: (MM/YY) _____ / _____

ALLERGIES: Penicillin Sulfa Latex Peanuts _____

PERMANENT MEDICAL CONDITIONS (Do not list medications)

Diabetes _____ _____ _____

Card Note (45 char. max) _____

MAILING ADDRESS (Please provide address of member's parent/guardian)

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

EMERGENCY CONTACTS (optional) If information is not available now, you can update it when you receive your card.

1ST CONTACT

Name: _____ Relationship: _____ DOCTOR (Primary Care) If fax # is given, doctor may receive fax with access information

Home #: _____ Work #: _____ Name: _____ Home #: _____ Fax #: _____

Cell #: _____ Email: _____ 1ST CONTACT Note: _____

2ND CONTACT

Name: _____ Relationship: _____

Home #: _____ Work #: _____ Name: _____ Relationship: _____

Cell #: _____ Email: _____ Home #: _____ Work #: _____

3RD CONTACT

Name: _____ Relationship: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

ADDITIONAL DOCUMENTS STORED (Notation will appear on member's card)

Medication List Health Insurance Information

MEMBER STATEMENT: I have chosen to enroll myself, or minor child or ward, in DocuBank to help make their emergency information available promptly. To ensure prompt access, I authorize that my, or my child or ward's, document(s), emergency contact and health information stored with DocuBank be accessible to anyone who provides the member number and PIN on the DocuBank member card. All advance directives have been completed of my own free will and I will notify DocuBank promptly of changes in any of the stored information, and also of the revocation or replacement of any document(s). I understand that: DocuBank is not responsible for the validity or accuracy of any information stored by DocuBank, including the health information that also appears on the member card; by accepting a card I have verified and confirmed the accuracy of all information on the card before carrying or distributing it; I am granting DocuBank permission to alert my contacts as indicated on this form; if I provide an email address for the emergency contact(s), I am granting DocuBank permission to contact these persons and provide them with member information. I understand that my DocuBank membership includes the optional use of the DocuBank SAFE, which provides online access to my personal documents. I understand that DocuBank does not provide legal advice; and that I may cancel this service in writing at any time by written request to DocuBank.

OPTIONAL SAFE UPLOAD

I authorize my DocuBank Provider (above) to upload my estate planning and other documents to my DocuBank SAFE.

SIGNATURE: _____ **DATE:** _____

(Adult enrollee or parent/legal guardian)

TO ENROLL: Send this completed form, your payment and the relevant emergency documents as described for each service (e.g. Guardianship Form, Temporary Health Care POA and more). You can also include an additional Emergency Information Form and Medication List, which are available at docubank.com/forms.

MAIL TO:

DocuBank
P.O. Box 325
Narberth PA 19072

EMAIL TO:

joindocubank@docubank.com

FAX TO:

610-667-1483

QUESTIONS?

CALL 1-866-DOCUBANK or go
to DOCUBANK.COM