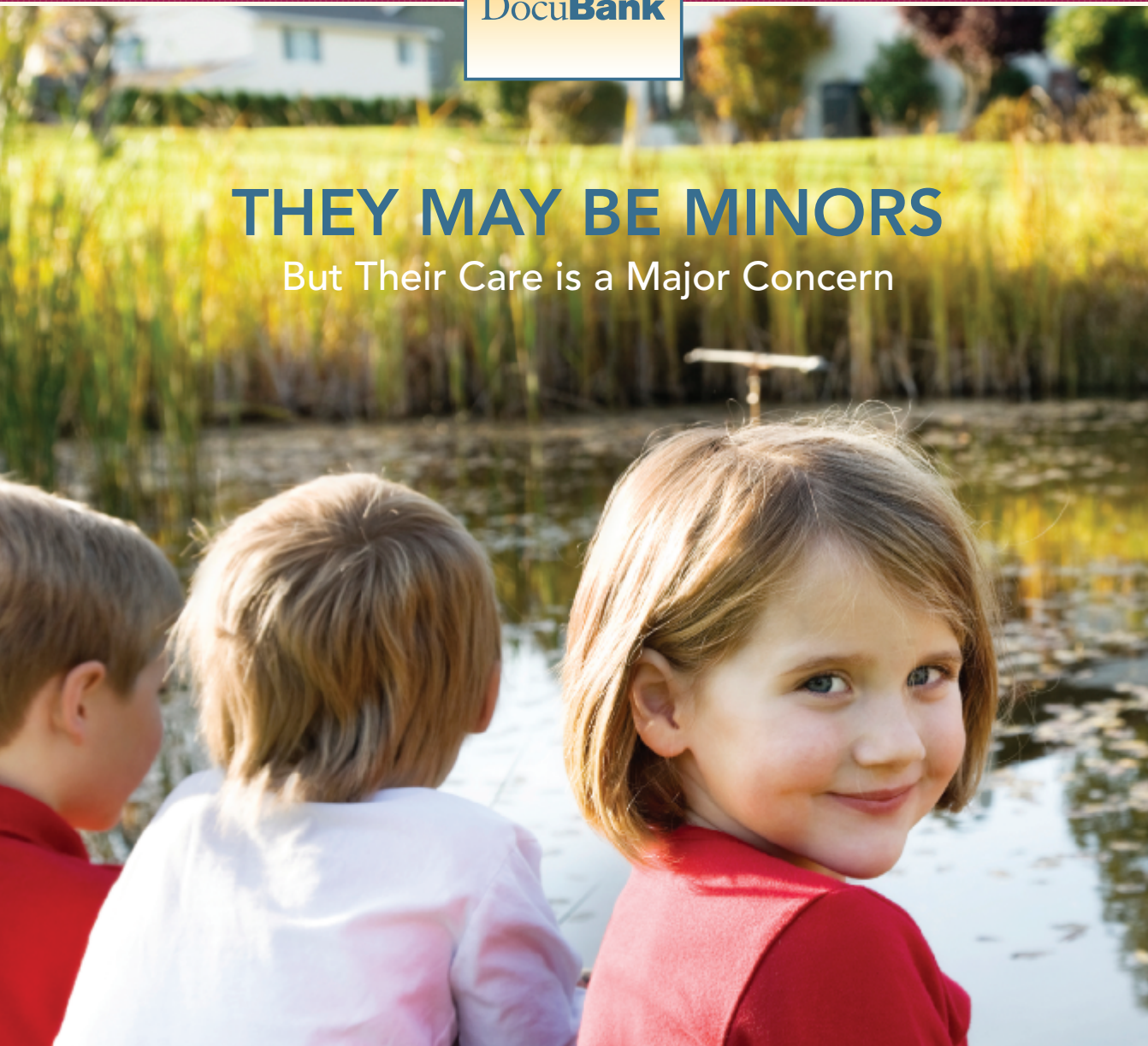


Minors Matter™ Family Care Card

DocuBank

THEY MAY BE MINORS

But Their Care is a Major Concern



*Emergency Information & Releases
For Children & Those Who Care for Them*

1-866-DOCUBANK | www.minorsmatter.com

Protecting Your Children Is Your First Priority

You do everything you can to make sure your children are safe and happy. But have you considered what might happen when you're not with them? Have you made sure that your child's trusted caregivers have the information and legal authorizations they need to successfully navigate an emergency situation in your absence?



The Minors Matter™ Family Care Card provides fast and easy access to the critical information family and other caregivers need for your child in an emergency – however minor. The personalized wallet card provides 24/7/365 access via web or fax to your child's information and pertinent documents so that temporary caregivers can answer questions and respond appropriately when you are not available.

Equipping Your Child's Caregiver in an Emergency is Essential

The two Minors Matter™ wallet cards you receive when you enroll **should be given to the people who care for your child:**

(additional cards can be purchased as needed)

BABYSITTERS	GRANDPARENTS
AUNTS/UNCLES	NANNIES
NEIGHBORS	AU PAIRS

Your child's temporary caregivers are entrusted with an important job – the care and protection of your child. Minors Matter™ ensures that they have the information they need to do their job well.

Immediate Access to the Emergency Information that Authorities Need

Minors Matter™ is more than a piece of plastic. This convenient wallet card provides hospital staff with immediate access to the additional medical information and legal documents needed to ensure that your child receives the best possible care in an emergency.

In addition, creating and storing certain legal forms can also address legal issues that might arise if something should happen to you while your child is in someone else's care.

Keeping You Informed

Anytime your child's Minors Matter™ Family Care Card is used to access your child's information – you'll know. DocuBank will immediately send you an email alert, which will include information about who used the card so that you can follow up if necessary.

Worry-Free Travels for You

Travel away from home can't always include your children. The Minors Matter™ card can mean a vacation from worry for you. Whether you are attending a conference for work, or if you're lucky enough for a quick personal get-away – leave your children protected.





Safe Travels for Your Child

The Family Care Card also protects your children, should they have the opportunity to travel without you. Send the card with the adult in charge as your lucky child visits grandma, or tags along on a trip with a best friend's family.

Each Family is Different

You may have step-children, adopted children, or other unique relationship that helps define your family. Custody exchanges, temporary guardianship, and travel with children who have a blended family structure can prove challenging – even in the best of situations. The Minors Matter™ Family Care Card provides immediate access to the documents needed by your child's caregiver – regardless of his or her relationship with your child.

Each Child is Different

Your child may have a chronic medical condition or other special needs. Minors Matter™ can provide prompt access to the most critical information that a medical care team might need in an emergency. The card also provides caregivers with the comfort of knowing that this information is at their fingertips.

Enrolling Your Child is Easy

- 1 Complete the attached Enrollment Form and Additional Emergency Information Form
- 2 Include a copy of relevant documents, e.g. legal forms, immunization record, list of medications (provide your own or print a blank medication list at www.minorsmatter.com)
- 3 Include Payment*:
1 year: \$30 or
\$25 each for 2 or more children
4 years: \$90 or
\$75 each for 2 or more children
- 4 Mail to DocuBank Minors Matter
P.O. Box 325 | Narberth PA 19072

** A portion of each Minors Matter™ membership fee will be donated to non-profit organizations promoting the health and well being of families and children.*

Because Nothing about Your Child is Minor, Except Their Age



Card Displays Child's Emergency Information:



CHILD: **Jane Banks**

MEMBER #: **654321** PIN: **0987**

DOB: **08/03** EXP: **05/14**

ALLERGIES: Tree nuts, Penicillin

CONDITIONS: Ear tubes, Asthma
Medication list on file

PEDIATRICIAN: Dr. Dolittle

OFFICE: 610-667-6505
Health insurance information on file

MINORS MATTER™
FAMILY CARE CARD

Releases & Information
for the care of a minor

CARD FRONT

- ✓ Allergies
- ✓ Medical Conditions
- ✓ Parent(s) Emergency Phone #s
- ✓ Pediatrician Name & Phone #
- ✓ Child's birth month and year



ATTENTION HEALTH CARE PROVIDER/LEGAL AUTHORITY

This card has been given to the person(s) named below to provide immediate access to emergency information for this minor child (e.g. parents' emergency instructions, Authorization for Medical Care).

TO OBTAIN CHILD'S DOCUMENTS:
Take this card to a phone (for fax) or internet connection.
Call 800-362-8226 or go to
www.minorsmatter.com
Using the member # and PIN on the card, follow prompts.
(Outside U.S.A. call 610-362-8226.)

EMERGENCY NUMBERS FOR PARENTS/GUARDIANS

Winifred Banks
WORK: 610-667-3524 x125
CELL: 610-667-6522
HOME: 610-667-1234

George Banks
WORK: 610-667-3524 x126
CELL: 610-667-6523
HOME: 610-667-1234

PARENT/GUARDIAN SIGNATURE: *Winifred Banks*

CARD GIVEN TO: *Mary Poppins*

Toll-Free Member Customer Service: 866-362-8226 (Not for documents)

CARD BACK

Card Provides Immediate Access to:

- **Emergency Information Form**
 - Emergency Contacts
 - Health Insurance Information
 - Pediatric Physician Specialists
 - Dentist & Orthodontist
- **Child's Medication List and Immunization Record**
- **Relevant legal documents (provided by you) e.g.:**
 - Authorization for Medical Care
 - Temporary Guardianship Form
 - Parental Travel Consent Form
 - Other

Additional Emergency Information Form

Questions? Call 866-362-8226

CHILD

NAME	SEX	EYE COLOR	HAIR COLOR
UNIQUE APPEARANCE IDENTIFIERS			BLOOD TYPE (optional)

HEALTH INSURANCE CONTACTS

POLICY NUMBER	GROUP NUMBER
MEMBER SERVICES PHONE	
SUBSCRIBER	OTHER

ADDITIONAL PHYSICIANS/SPECIALISTS

(other than the primary listed on the Enrollment Form)

NAME	
PHONE NUMBER	TYPE
NAME	
PHONE NUMBER	TYPE
NAME	
PHONE NUMBER	TYPE

DENTAL INFORMATION

DENTIST NAME	PHONE NUMBER
ORTHODONTIST NAME	PHONE NUMBER

SCHOOL INFORMATION

SCHOOL NAME
SCHOOL PHONE NUMBER

ADDITIONAL EMERGENCY CONTACTS

(other than those listed on the Enrollment Form)

CONTACT NAME	
PHONE NUMBER	RELATIONSHIP
CONTACT NAME	
PHONE NUMBER	RELATIONSHIP
CONTACT NAME	
PHONE NUMBER	RELATIONSHIP

OPTIONAL HOUSE SITTING INFORMATION

HOMEOWNERS INSURANCE

OFFICE	
CONTACT	PHONE NUMBER

VETERINARIAN

OFFICE	
CONTACT	PHONE NUMBER

SUBMIT THIS FORM WITH MINORS MATTER™ ENROLLMENT FORM (ON REVERSE)

NOTES:

I understand that I am responsible for maintaining the accuracy of information and making updates as needed.	
PARENT NAME	
PARENT SIGNATURE	DATE

DocuBank Minors Matter™ Enrollment Form

CHILD INFORMATION

NAME

DATE OF BIRTH (mm/dd/yy)

SEX

PARENT/GUARDIAN 1 *(to receive alerts and mailings)*

NAME

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP

CELL PHONE

HOME PHONE

WORK PHONE

EMAIL ADDRESS *(will be used for alert)*

CHILD’S MEDICAL INFORMATION

Will appear on child’s card. Number up to 4 selection in priority order (1-4). All selections may not fit on the card.

ALLERGIES:

☐ Penicillin

☐ Sulfa

☐ Nuts

☐

☐

☐

PERMANENT MEDICAL CONDITIONS:

Do not list medications being taken. Provide a separate list.

☐

☐

☐

MEDICATION LIST

Is this document included with registration? ☐ Yes ☐ No

MEMBERSHIP FEE

1 child

2 + children

1 year: ☐ \$30 ☐ \$25 each

4 years: ☐ \$90 ☐ \$75 each

PAYMENT METHOD

☐ Paid through Sponsor ☐ Credit Card

☐ Check (Payable to DocuBank)

PARENT/GUARDIAN 2 *(or other emergency contact)*

NAME

RELATIONSHIP

CELL PHONE

HOME PHONE

WORK PHONE

EMAIL ADDRESS

PEDIATRICIAN

NAME

PHONE

CREDIT CARD NUMBER

EXP DATE

CARDHOLDER ZIP CODE

NAME ON CREDIT CARD

SIGNATURE OF CARD HOLDER

HEALTH INSURANCE INFORMATION

Is this information included on Additional Emergency Information Form (on back)? ☐ Yes ☐ No

SPONSORING FIRM/ORGANIZATION:

PARENT STATEMENT: I have chosen to enroll my minor child/ward (hereafter “child”) in DocuBank to help make their emergency information available. To ensure prompt access, I authorize that my child’s document(s), emergency contact and health information stored with DocuBank be accessible to anyone who provides the member number and PIN on my child’s Minors Matter™ card. 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 child’s card. I understand that: by accepting this 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 the contacts when my child’s information is requested; that DocuBank does not provide legal advice; and that I may cancel this service in writing at any time by written request to DocuBank.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Mail this Enrollment to: DocuBank Minors Matter | P.O. Box 325 | Narberth PA 19072

Include: Enrollment Form, Payment and optional additional information e.g. Additional Emergency Information Form (on back), medication list, immunization record, legal documents