



Mount Vernon School District No. 320 Staff Emergency Card

Name _____ Building _____ Birthdate _____

Home Street Address _____

_____ Home Phone _____

City/State/Zip

Cell Phone _____

Personal Email Address: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Physician: _____ Phone: _____

List any health concerns (allergies, diabetes, seizures, medications, etc):

List any additional information that we should be aware of in case of an emergency: