



SAVE Mount Vernon Program

Serving and Assisting the Vulnerable and Elderly

The Town of Mount Vernon is asking for your assistance with our elderly/vulnerable citizens. The information provided on this paperwork will be confidential to police and fire personnel. Our goal in Mount Vernon is to serve you and your loved ones and to return them to your care or provide the care needed as quickly as we can. Feel free to list any information you believe could assist you or your loved one. Please remember to keep this updated periodically with us so that we can continue provided the best care we can to OUR citizens!

Citizen's Name: _____ Home and Cell Number: _____

Address: _____ Date of Birth: _____

Medical Information

Hospital Preference: _____ (This does NOT guarantee transport to preference)

Primary Care Doctor: _____ Specialist(s): _____

Primary Doctor's Phone: _____ Specialist(s)' Phone: _____

Blood Type: _____ Allergies: _____

Medical Condition(s) or Recent Surgery: _____

Current Medication(s) and dosage: _____

May we release this to transporting ambulance? YES NO

Signature: _____ Relationship if not Patient: _____

EMERGENCY CONTACT

Name: _____ Contact Number(s): _____

PLEASE ATTACH A CURRENT PHOTOGRAPH OF CITIZEN

PLEASE RETURN TO MOUNT VERNON TOWN HALL 1565 BOYLES AVENUE MOUNT VERNON AL 36560