

| EMERGENCY NOTIFICATION DATA | | | | |
|---------------------------------------|------------|------------------------------------------|------------------------------------------|---------------------------------|
| PERSONAL INFORMATION | | | | |
| LAST NAME | FIRST NAME | MI | CAP RANK | CAPID |
| ADDRESS | | | CITY | STATE AND ZIP CODE |
| CIVIL AIR PATROL UNIT INFORMATION | | | | |
| UNIT CHARTER NO. | UNIT NAME | | UNIT LOCATION (City and State) | |
| UNIT COMMANDER'S NAME | | | CAP RANK | TELEPHONE (Weekdays) AC: NO. |
| ADDRESS | | | TELEPHONE (Nights & Weekends) AC: NO. | |
| PERSON TO NOTIFY IN CASE OF EMERGENCY | | | | |
| NAME (Mr., Mrs., etc.) | | RELATIONSHIP | TELEPHONE (Weekdays) AC: NO. | |
| ADDRESS | | TELEPHONE (Nights & Weekends) AC: NO. | CELL PHONE | |

CAP FORM 60, DEC 03

Previous editions will not be used after 31 Mar 04

OPR/ROUTING: LMM

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CAP FORM 60, DEC 03

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EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) _____

CAP FORM 60, DEC 03 REVERSE

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) _____

CAP FORM 60, DEC 03 REVERSE