

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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**EMERGENCY MEDICAL DATA**

PERSONAL PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

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

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**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.) \_\_\_\_\_

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**CAP FORM 60, DEC 03 REVERSE**