

**EMERGENCY NOTIFICATION DATA****PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MI	CAP RANK	CAPSN
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.

CAP FORM 60 JUL 77 Previous editions are obsolete.

**EMERGENCY MEDICAL DATA**

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_