

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.*

----- Cut here -----

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

\_\_\_\_\_

CAP FORM 60 (Reverse)  
JUL 77

**EMERGENCY MEDICAL DATA**

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

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

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

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

\_\_\_\_\_

CAP FORM 60 (Reverse)  
JUL 77