Print Form

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)
ADDRESS		TELEPHONE (Nights & Weekends)	
PERSON TO NOTIFY IN CASE OF EMERGENCY			
NAME (Mr., Mrs., etc.)	RELATIONSHIP	TELEPHONE (Weekdays)	
ADDRESS	TELEPHONE (Nights & Weekends)	CELL PHONE	

CAP FORM 60, DEC 03 Previous editions will not be used after 31 Mar 04 OPR/ROUTING: LM

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

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