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 JUL 77 60 *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.) _____

_____

_____

HQCAP(99-3591)20M