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)
CA007	MARCH FIELD COMPOSITE SQ 45	MARB CA

UNIT COMMANDER'S NAME	CAP RANK	TELEPHONE (Weekdays)
DAVID GOUDE	CAPT	AC: 909 NO. 319-2976

ADDRESS	TELEPHONE (Nights & Weekends)
31852 YUCAIPA BL. YUCAIPA, CA 92399	AC: 909 NO. 319-2976

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME (Mr., Mrs., etc.)	RELATIONSHIP	TELEPHONE (Weekdays)
		AC: NO.

ADDRESS	TELEPHONE (Nights & Weekends)	CELL PHONE
	AC: NO.	

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

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

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

_____

_____

CAP FORM 60, DEC 03 REVERSE