	EMERGENC	Y NOTIFICATI	ON DATA			
	PERSO	NAL INFORMAT	ION			
LAST NAME	FIRST NAME	MI	CAP RANK		CAPID	
ADDRESS			CITY		STATE AND ZIP CODE	
	CIVIL AIR PA	TROL UNIT INFO	ORMATION			
UNITE CHARTER NO. LINUS	E NAME		INTEL OCATION	1.(0): 1.	g \	
UNIT CHARTER NO. UNIT	ΓNAME		UNIT LOCATION	N (City and	State)	
UNIT COMMANDER'S NAME			CAP RANK	TELEP	HONE (Weekdays)	
				AC:	NO.	
ADDRESS				TELEPI	HONE (Nights & Weekends)	
				AC:	NO.	
	PERSON TO NOT	TIFY IN CASE OF	EMERGENCY	1		
NAME (Mr., Mrs., etc.)	IAME (Mr., Mrs., etc.) RELATIONSHIP		NSHIP	TELEP	HONE (Weekdays)	
				AC:	NO.	
ADDRESS		TELEPHO AC:	TELEPHONE (Nights & Weekends) AC: NO.		CELL PHONE	
	EMERGENC	Cut here	ON DATA			
	PERSO	NAL INFORMAT	ION			
LAST NAME	FIRST NAME	MI	CAP RANK		CAPID	
ADDRESS			CITY		STATE AND ZIP CODE	
	CIVIL AIR PA	TROL UNIT INFO	RMATION		I	
UNIT CHARTER NO. UNIT	Г NAME		UNIT LOCATION	N (City and	State)	
VIVIT GOLD (1) VIVIT TO 10			GIP DISSE		YONE (W. 11	
UNIT COMMANDER'S NAME			CAP RANK	AC:	HONE (Weekdays) NO.	
ADDRESS				HONE (Nights & Weekends)		
ADDRESS.				AC:	NO.	
	PERSON TO NOT	TIFY IN CASE OF	EMERGENCY			
NAME (Mr., Mrs., etc.)		RELATIO	RELATIONSHIP		TELEPHONE (Weekdays) AC: NO.	
ADDRESS		TELEPHONE (Nights & Weekends) CELL PHONE				

OPR/ROUTING: LMM

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN	PHONE
PHYSICIAN'S ADDRESS	CITY
BLOOD TYPE	<u> </u>
PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, med	lications, etc.)
CAP FORM 60, DEC 03 REVERSE	
EMERGENCY MEDIC	AL DATA
PERSONAL PHYSICIAN	PHONE
PHYSICIAN'S ADDRESS	CITY
BLOOD TYPE	<u> </u>
PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, med	lications, etc.)

CAP FORM 60, DEC 03 REVERSE