

EMERGENCY NOTIFICATION DATA			
PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MI	CAP RANK
ADDRESS		CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION			
UNIT CHARTER NO. SER GA065	UNIT NAME DEKALB COUNTY CADET	UNIT LOCATION (City and State) 2000 AIRPORT RD. , CHAMBLEE GA	
UNIT COMMANDER'S NAME RAY MINTON		CAP RANK CAPT	TELEPHONE (Weekdays) AC: 770 NO. 633-9079
ADDRESS 4496 CEDAR WOOD DRIVE, LILBURN, GA 30047		TELEPHONE (Nights & Weekends) AC: 770 NO. 633-9079	
PERSON TO NOTIFY IN CASE OF EMERGENCY			
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays) AC: NO.
ADDRESS		TELEPHONE (Nights & Weekends) AC: NO.	CELL PHONE

CAP FORM 60, DEC 03 Previous editions will not be used after 31 Mar 04

OPR/ROUTING: LMM

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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

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