

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. RMR-CO-030	UNIT NAME Colorado Springs Cadet Squadron	UNIT LOCATION (City and State) Peterson AFB CO	
UNIT COMMANDER'S NAME Jeffrey Mueller		CAP RANK Lt Col	TELEPHONE (Weekdays) AC: 406 NO. 868-9091
ADDRESS 4699 Laramie Sky Dr., Colorado Springs, CO 80922		TELEPHONE (Nights & Weekends) AC: 719 NO. 596-1077	
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.) \_\_\_\_\_

\_\_\_\_\_  
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**CAP FORM 60, DEC 03 REVERSE**

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