

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. NV069	UNIT NAME NELLIS COMPOSITE SQUADRON	UNIT LOCATION (City and State) NELLIS AFB NV	
UNIT COMMANDER'S NAME DAVID JADWIN		CAP RANK LTCOL	TELEPHONE (Weekdays) AC: 702 NO. 860-3050
ADDRESS 7617 CONSTANTINOPLE AVE, LAS VEGAS, NV 89129		TELEPHONE (Nights & Weekends) AC: 702 NO. 207-2559	
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 _____

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BLOOD TYPE _____

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CAP FORM 60, DEC 03 REVERSE