

2010

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. TX-409	UNIT NAME Marauder Composite Squadron	UNIT LOCATION (City and State) Kingwod TX	
UNIT COMMANDER'S NAME Mark Cambio		CAP RANK Lt.	TELEPHONE (Weekdays) AC: 713 NO. 553-3854
ADDRESS 3803 W Lake Houston Pkwy Kingwood, TX 77339 Christ The King Church		TELEPHONE (Nights & Weekends) AC: 713 NO. 553-3854	
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

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE _____

PHYSICIAN'S ADDRESS _____ CITY _____

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) List all allergic reactions to food, medications or other

CAP FORM 60, DEC 03 REVERSE

Additional Information:

Immunizations: The following are recommended. Tetanus immunization must have been received within the last 10 years.

	Yes	No
Tetanus	___	___
Pertussis	___	___
Diphtheria	___	___
Measles	___	___
Mumps	___	___
Rubella	___	___
Polio	___	___
Chicken Pox	___	___
Hepatitis A	___	___
Hepatitis B	___	___
Influenza	___	___
Other (i.e., HIB)	___	___