

EMERGENCY NOTIFICATION DATA				
PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MI	CAP RANK	CAPID
ADDRESS			CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION				
UNIT CHARTER NO. SER-FL-816	UNIT NAME Lee County Schools' Cadet Squadron		UNIT LOCATION (City and State) Cape Coral FL	
UNIT COMMANDER'S NAME James K. Spieth			CAP RANK Ltc.	TELEPHONE (Weekdays) AC: 239 NO. 848-6341
ADDRESS 2205 Kismet Pkwy E, Cape Coral, FL 33909			TELEPHONE (Nights & Weekends) AC: 239 NO. 848-6341	
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