

(Navy Unit Name) Spouse Group Emergency Data Form Supplement

This information is confidential and will only be used in the event of an emergency. Please include any information you feel that would be helpful in assisting you or your family. This data is a supplement; it does not replace the official emergency data form from the Strike Fighter Wing, and will NOT be used by the CACO officer during his or her official duties or in notifications. This information is to assist and advise the CACO after initial notification, if requested. You may provide as much or as little information as you choose. When complete, place in a sealed envelope. It will not be opened unless required.

Navy Unit Member's Name:

Spouse / Significant Other name:

Home Phone: _____

Cell Phone: _____

Subdivision Name: _____

Address: _____

*** Your Information as Spouse / Significant Other ***

Place of Employment / Address:

Work Phone: _____

Your Primary Care Physician and Phone Number:

Any medical condition or medications taken by you on a regular basis: _____

Who else has a key to your house and / or alarm code?

Name / Phone Number:

Name / Phone Number:

Your Parents Contact Information / Name:

Children (Name, Age, School or daycare with phone, name of a person authorized to pick them up from school)

Name and contact information of anyone else who knows your child well and could assist with child care:

Pediatrician Name and Phone Number:

Any medical condition or medications required for your children:

Active Duty Member's Parents Contact Information:

Contact Information for anyone you want present with you AFTER a notification:

Anyone you do NOT want present:

Contact information for clergy person you would like to be contacted and their religious affiliation:

Pet Information:

If there is any other information that could help the spouse group assist your family in the event of an emergency, use as much space as you need:
