

**2025-2026**  
**BALDWIN MIDDLE SCHOOL**  
**ATHLETIC DEPARTMENT**  
***EMERGENCY DATA***

Birth Date: \_\_\_\_\_ Sport: \_\_\_\_\_ 2025-26 Grade: (Circle one) 5 6 7 8

Name: \_\_\_\_\_  
Last First Middle Home Telephone

Home Address: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

Allergies to (stings, medications, food etc.): \_\_\_\_\_

Taking medication (please name): \_\_\_\_\_

Diabetic \_\_\_\_\_ Seizures \_\_\_\_\_ Date of last Tetanus Injection \_\_\_\_\_

Asthma \_\_\_\_\_ Does your child need Inhaler \_\_\_\_\_ Epi-pen \_\_\_\_\_ Benedryl \_\_\_\_\_

Does your child have any specific illness or problem that you feel the coaches should be aware of?

Please Specify: \_\_\_\_\_

Is there any other health information you would like the coaches to be aware of:

Please Specify: \_\_\_\_\_

\_\_\_\_\_  
Father's Name Employer & Business Address Business/Cell Phone

\_\_\_\_\_  
Mother's Name Employer & Business Address Business/Cell Phone

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list below persons readily available whom we may call if parents are unavailable:

1. \_\_\_\_\_ Telephone: \_\_\_\_\_

2. \_\_\_\_\_ Telephone: \_\_\_\_\_

3. \_\_\_\_\_ Telephone: \_\_\_\_\_

You have my permission to take whatever action you deem necessary for the health and welfare of my child in case of an emergency.

\_\_\_\_\_  
Parent's Signature Date

***IN CASE OF CHANGES IN THE ABOVE INFORMATION, PLEASE NOTIFY: COACH, NURSE***