

---

**Medical Information for Minor Children**

**Child's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Gender:**  M  F **Birth Date:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Academic Grade:** \_\_\_\_\_

**Parent(s)/Guardian(s):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Care Information:**

Child's Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Group or Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Medical Problems/Special Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Swimming Ability:**

- Non-swimmer
- Beginner (capable of swimming for several minutes in deep water)
- Moderate (capable of swimming several lengths of the pool)
- Advanced (capable of swimming long distance)

**Continue on back**

**Belle Aire Baptist Church**  
1307 N. Rutherford Blvd.  
Murfreesboro, TN 37130  
615-890-6977

---

**Other Information:** (Other information leaders should know about the child)

---

---

---

---

---

---

---

---

**Emergency Contact** (other than parents/guardians):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

Date: \_\_\_\_\_