
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: _____