

# Medical Information Sheet (for Minors)

**Belle Aire Baptist Church**  
1307 N. Rutherford Blvd  
Murfreesboro, TN 37130

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

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

## Who to Contact in Case of an Emergency

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Home Work Cell

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Home Work Cell

Other: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_  
Home Work Cell

## Medical Care Information

Child/Youth's Doctor's Name: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ After Hours Number: \_\_\_\_\_

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

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

Known medical problems/special concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 distances)

I understand that it is my obligation to inform the Church of any and all health considerations or medical conditions that could affect or restrict my child/youth's participation in the programs of the Church.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date