



Enroll in the  spring semester  fall semester  
of year: \_\_\_\_\_

## MEDICAL & FINANCIAL FORM

A

### MEDICAL INFORMATION

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_  
MEDICAL INSURANCE IS NOT MANDATORY BUT RECOMMENDED

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

What is your height? \_\_\_\_\_ and your weight? \_\_\_\_\_

B

If you check any, please include a brief explanation on a separate sheet

I have had my schooling or job interrupted because of physical health or emotional disorders

I have physical, mental, or psychological limitations which may require some adjustments to a typical student activity schedule

I am currently taking medication prescribed by a physician

I have been hospitalized in the past two years

Immunization record (please list month and year)

Diphtheria/Tetanus \_\_\_\_/\_\_\_\_ Measles 1st \_\_\_\_/\_\_\_\_ Measles 2nd \_\_\_\_/\_\_\_\_ Rubella \_\_\_\_/\_\_\_\_ Tuberculosis (within last 6 months) \_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

Received childhood immunizations, but have no documentation



C

### MEDICAL HISTORY

Hospitalizations: \_\_\_\_\_ Surgeries: \_\_\_\_\_

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

Present medication, doses, and reason: \_\_\_\_\_

List any physical limitations: \_\_\_\_\_ List any known learning disability: \_\_\_\_\_

I have had...

- anemia                       arthritis                       asthma                       convulsions                       depression
- diabetes                       eye trouble                       fainting attacks                       frequent colds                       frequent headaches
- heart disease                       high blood pressure                       kidney infections                       liver disease                       low blood pressure
- rheumatic fever                       scarlet fever                       thyroid disease                       tuberculosis                       venereal disease

D

### MEDICAL INFORMATION

Your signature below signifies that this information is true and complete to the best of your knowledge.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_



E

### CONSENT AND RELEASE

THIS SECTION IS TO BE FILLED OUT AND SIGNED BY YOUR PARENT OR LEGAL GUARDIAN IF YOU ARE YOUNGER THAN 21 YEARS OF AGE AND ARE SINGLE.

I \_\_\_\_\_, of \_\_\_\_\_ do appoint the staff at West Coast Baptist College and  
PARENT OR LEGAL GUARDIAN ADDRESS

Lancaster Baptist Church in Lancaster, California, to make emergency medical decisions for my child,  
\_\_\_\_\_, and to arrange medical services for my child, including admission to the hospital. If my child has medical  
CHILD'S NAME

conditions which may be relevant to a physician in the event of such an emergency, I have listed them below.

I understand and hereby agree to assume all financial obligations which are incurred in connection with such emergency medical decisions. I do hereby agree to hold Lancaster Baptist Church, West Coast Baptist College, and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages, even injury resulting in death, which I now have or which may arise in the future in connection with such emergency medical decisions.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of California, and that if my portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understood.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Where I May Be Reached: ( \_\_\_\_\_ ) \_\_\_\_\_

F

### FINANCIAL INFORMATION

How do you plan to pay for your college expenses? \_\_\_\_\_

Are you in debt?  yes  no If so, please explain briefly: \_\_\_\_\_

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

Are you applying for a scholarship at WCBC?  yes  no If so, which one?

If you check any, please submit an application for financial assistance.

- spiritual leader       academic excellence       victory       achievement test       patriot's
- music       christian worker's       alumni       married student's       work study