Butler Community College Resident Information & Health Form

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Student's Full Name Date of Birth Social Security Number or BCC I.D.

_____

Student's Cell Phone Number Student's Home Phone Number

_____

Name of Parent(s) or Guardians Best Number to Reach Parent/Guardian

_____

Additional Emergency Contact Name & Phone Number

General Information

Current Medical Conditions or Medications taken regularly: _____

_____

_____

Have you ever been hospitalized? (For what, when and why): _____

_____

Allergies: _____

_____

Medical Insurance Information

_____

Current Insurance Information (Name & Policy Number)

In case of emergency, I hereby give my consent to receive first aid treatment, and release my medical records to caregivers.

_____

Signature of Student Date Signed