



Residence Life

Butler Community College Resident Information & Health Form

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