

MyHealth RMU
Robert Morris University
EMERGENCY INFORMATION

Name _____ Date of birth: _____

Emergency Contact: _____

Relationship _____ Phone: _____

Current /Chronic Medical Condition: _____

Current/Chronic Medications: _____

Allergies: (medications/insect sting/ food) _____

Do you have an EpiPen? Yes _____ No _____

Date completed: _____

Revised 04/2023