



**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 03/17