

PERMISSION FOR TREATMENT

A student signature is required below. A parent/guardian signature is also required if the student is under 18 years of age.

I do/ do not give Robert Morris University Student Health Services permission to administer health care services and treatment to _____

(print student's name)

I give permission to have my medical information reviewed by the athletic trainers at Robert Morris University.

Student signature

Date

Parent/guardian signature (if under 18)

Date

Print parent/guardian name

Check one: Resident Student Commuter Student

ENTER HEALTH INSURANCE COVERAGE AT OUR WEBSITE

1. Visit rmu.edu/studentinsurance
2. Choose the "Student Insurance" option
3. Log in to eServices and scroll until you see "Academic Year 2017-2018" along with the word "Add" or "Update".
4. Select "Add" or "Update". Continue by entering all fields that are required including the effective date.
If there is not an effective date, enter 08/01/2017.

ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD AND MAIL TO:

Robert Morris University
MyHealth@School
Jefferson Center
6001 University Boulevard
Moon Township, PA 15108-1189

**PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE TO
ROBERT MORRIS UNIVERSITY**

**ATHLETIC HEALTH FORMS/PHYSICALS SENT TO THE ATHLETICS DEPARTMENTS
DO NOT TAKE THE PLACE OF THIS HEALTH FORM**