

TEEA Board Member Health Contact Information

Please complete the entire form, sign, and give to the TEEA President for her files to handle any emergency while at a Board Meeting or Conference.

Name: _____ Male Female DOB _____

Address: _____ City _____, TX, Zip _____

Home Phone: _____ Cell: _____ Business Phone: _____

Spouse: _____ Work Phone: _____ Cell: _____

In case of emergency, notify:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of Physician _____ Phone: _____

List any known food allergies: _____

Do you prefer a handicapped accessible room? Yes No

As a best practice, it is your responsibility to maintain a listing of all medications you are currently taking, with the dosage, on your person. It is important to list any medication allergies, date of last tetanus shot, or other medical conditions about which you would want a medical provider informed in the case of an emergency.

Additionally, be sure you are carrying your medical/hospital insurance cards.

Authorization for treatment: *In the event that I become incapacitated, I hereby give permission to have emergency first aid administered by any qualified person in case of illness and/or injury and to be transported by the most expedient means of conveyance to the nearest available physician, hospital or clinic and to there receive such treatment as is medically prescribed by the physician(s). In case of extreme illness and/or injury, I do further agree that the Texas AgriLife Extension Service and Texas 4-H Youth Development Foundation, their employees or agents, individually or collectively, shall not be held responsible or liable for personal injury or loss resulting on the premises of the Texas 4-H Center.*

Signature: _____ Date: _____