

Dear South Asia Volunteer,

Attached to this letter is a medical form that we are asking all volunteers to complete and return to me. The purpose of this information is to have a written record for each volunteer in case of an emergency – sickness, accident, etc. – while the volunteer is on the field.

We have consulted with the Convention's attorney and he has approved the use of the form and the procedures described below. You do have the option to not provide any information if you so wish.

This information will be held in the strictest of confidence and will only be used in case of an emergency. The original copy will be kept in a locked filing cabinet in a locked storage room in the Missions Mobilization Group area at the Convention Building. Debbie McDowell and I will be the only ones with access to it. A copy will be made, placed in a sealed envelope and given to your team leader before your team's departure so that the team leader and/or field personnel will have access to this information on the field if needed. Upon the team's return, the unopened envelope (or copies if the information was needed and used) will be given back to me and I will destroy both the original and the copy.

We pray that this information is never needed, but we want to be diligent and prepared for whatever may happen. Please don't hesitate to contact me or Debbie if you have any questions.

In His service,

Gloria S. Shull, Assistant  
Missions Mobilization Group



**Health Insurance Information**

(Please attach a copy of the front and back of your insurance card)

I understand and agree that that I am required to have in force and effect medical and disability insurance coverage, effective both inside and outside the United States, during the entire period of my volunteer service, and that such coverage will be purchased prior to my departure. I understand and agree that insurance is not provided by the South Carolina Baptist Convention.

- 1. Medical Insurer's Name and Telephone \_\_\_\_\_
- 2. Policy Number \_\_\_\_\_
- 3. Name of Insured \_\_\_\_\_

**Medical Authorization**

In the event of accident or illness in which I am unable to give consent, I hereby give permission to medical personnel to provide routine and/or emergency health care; to administer medications; to order X-rays and other routine tests and treatments; and to provide or arrange necessary related transportation for me. I understand and agree that I will be solely responsible for the cost of such treatment.

I further give permission to the physician and/or hospital to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for me. A copy of this authorization may be treated as an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Consent to Disclose Medical Information**

I hereby authorize the South Carolina Baptist Convention, its designated medical personnel, and its authorized representatives to disclose any medical or health-related information to any medical or health care provider. I understand that the information provided under this authorization may include protected health information which could contain diagnosis and treatment information. I understand that the information to be disclosed may be protected by law and that the same information may be re-disclosed by the recipient and may no longer be protected by the same law(s) that applied in the first instance. I understand that this authorization is effective for the duration of my term as a volunteer unless I revoke this authorization before it expires. I understand that I may revoke this authorization at any time during its effective period by requesting such in writing to the South Carolina Baptist Convention. A copy of this authorization may be treated as an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I HAVE READ THIS DOCUMENT CAREFULLY, FULLY UNDERSTAND ITS CONTENTS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I FURTHER WARRANT THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

In witness whereof, I have executed this form on the date indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date