



Misión Para Cristo

IGLESIA DE CRISTO
SHARING JESUS AS WE SERVE OTHERS
NICARAGUA | HONDURAS

INFORMATION & PERMISSION FORM FOR ADULTS

_____ / ____ / ____
 Full Name Date of Birth
 Male Female

 Street Address

_____ State _____ Zip
 City

_____ Phone number _____ Email address _____
 Passport number with expiration date

HEALTH INSURANCE INFORMATION

 Company name

_____ Policy number _____ Group number

 Name of Policy Holder

List of all current medications, medical conditions, and allergies

EMERGENCY CONTACT INFORMATION

 Name of Emergency Contact Relationship

_____ Primary Emergency phone number _____ Secondary Emergency phone number _____ Email

I have been vaccinated for COVID or I have had COVID and have recovered.

I, _____, will be traveling with Misión Para Cristo to the country of Nicaragua. I will be traveling from (dates) _____ to _____. I give permission for Benny Baker or any adult member of the mission team to secure whatever medical attention deemed necessary and appropriate for me for the duration of travel noted herein. I understand that every possible attempt will be made to contact family in the event of an emergency, but that contact is not necessary for permission to obtain medical treatment. I accept full responsibility for any costs related to treatment. Furthermore, I grant Benny Baker, Donna Baker, Travis Stewart or Mindy Stewart to follow protocol in contacting the US Embassy in Managua in regard to any incident involving the person named herein.

Signature Date

Notary County/Parish State Date