



Misión Para Cristo *"Sharing Jesus as we Serve People"*
Iglesia de Cristo—Jinotega, Nicaragua

INFORMATION & PERMISSION FORM FOR ADULT

VISITOR INFORMATION

Full Name		Date of Birth	
Street Address		Male <input type="checkbox"/> Female <input type="checkbox"/>	
City	State	Zip	
Phone	Email	Passport Number	

HEALTH INSURANCE INFORMATION

Company Name	
Policy Number	Group Number
Name of Policy Holder	Medications
List Current Medications, Medical Conditions and Allergies	

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact	Relationship	
Primary Emergency Phone Number	Secondary Emergency Phone Number	Email

I, _____, will be traveling with Misión Para Cristo to the country of Nicaragua. I will be travelling from (dates) _____ to _____. I give permission for Benny Baker, Jonathan Holland 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 or Jonathan Holland to follow protocol in contacting the US Embassy in Managua in regards to any incident involving the person named herein.

Signature	Date
-----------	------

Notary	County / Parish	State	Date
--------	-----------------	-------	------