



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 Female

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 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 regards to any incident involving the person named herein.

Signature

Date

Notary

County / Parish

State

Date