



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

INFORMATION & PERMISSION FORM FOR MINOR

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 _____

My child, _____, will be traveling with Misión Para Cristo to the country of Nicaragua. He/She 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 my child for the duration of travel noted herein. I understand that every possible attempt will be made to contact me 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 of Parent / Guardian _____ Date _____

Signature of Minor _____ Date _____

Notary _____ County / Parish _____ State _____ Date _____