



Misión Para Cristo

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

INFORMATION & PERMISSION FORM FOR MINORS

Full Name

_____/_____/_____
Date of Birth

Male Female

Street Address

City

State

Zip

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.

My child, _____, will be traveling with Misión Para Cristo to the country of Nicaragua. He/She 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 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 regard to any incident involving the person named herein.

Signature of Parent/Guardian

Date

Signature of Minor

Date

Notary

County/Parish

State

Date