



Misión Para Cristo

"Sharing Jesus as we Serve People"

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Iglesia de Cristo—Jinotega, Nicaragua

Information and Permission Form for MINOR

Full Name:		
Date of Birth: ____ / ____ / ____	Sex: M F	
Street Address:		
City:	State:	Zip Code:
Phone: ()	Email Address:	
Health Insurance Company:		
Policy Number:	Group Number:	
Name of Policy Holder:		
Please list current medications and medical conditions, and allergies here:		
Name of Emergency Contact:		Relationship:
Cell Phone: ()	Other Phone: ()	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, Jonathan Holland 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 or Jonathan Holland to follow protocol in contacting the US Embassy in Managua in regards to any incident involving the minor named herein.

Signature of Parent/Guardian	Date
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Signature of Minor	Date
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Signature of Notary Public

County/Parish	State	Date
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This form, with a copy of the ID page of your passport, should be given to your group leader before your departure date.