



INFORMATION & PERMISSION FORM FOR ADULTS

Full Name _____ ____/____/____
Date of Birth

_____ Male Female

Street Address _____

City _____ State _____ Zip _____

Phone number _____ Email address _____ Passport 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 _____

Email _____

I _____, will be traveling with Misión Para Cristo to the country of Nicaragua. I will be traveling from (dates) _____ to _____. I permit 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 and Donna Baker to follow protocol in contacting the US Embassy in Managua regarding any incident involving the person named herein.

Signature _____ Date _____

Notary _____ County/Parish _____ State _____ Date _____