



Misión Para Cristo

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

INFORMATION & PERMISSION FORM FOR MINOR

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Phone number _____ Email address _____ Passport with expiration date _____

Date of Birth _____

Male Female

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 _____

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

Signature of Parent/Guardian _____ Date _____

Signature of Minor _____ Date _____

Notary _____ County/Parish _____ State _____ Date _____