



Misión Para Cristo

"Sharing Jesus as we Serve People"

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Iglesia de Cristo --- Jinotega, Nicaragua

INFORMATION AND PERMISSION SHEET for ADULT MISSION TRIPS

NAME _____ DOB _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____
INSURANCE COMPANY _____
POLICY # _____ GROUP # _____ INSURED _____
CURRENT MEDICATIONS & MEDICAL CONDITIONS _____

EMERGENCY CONTACT _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME # _____ OFFICE # _____
E-MAIL _____

I will be traveling with Misión Para Cristo traveling outside of the United States to Nicaragua.
Dates _____. This gives permission for Benny Baker, staff of the mission, or any adult member of the mission team to secure whatever medical attention may be necessary. I understand that all possible effort will be given to contact my emergency contacts but that contact is not necessary. I accept full responsible for the cost of any treatment that is necessary.

_____ Date _____

Notary _____ County/
Parish _____ State _____ Date _____

*** Please sign and have this to your Mission Team Leader with a copy of your passport before the departure date.