



# Misión Para Cristo

*"Sharing Jesus as we Serve People"*

700 Garland Street — Plainview, TX 79072 -- 318-560-2868  
[misionparacristo@netscape.net](mailto:misionparacristo@netscape.net) / [www.misionparacristo.com](http://www.misionparacristo.com)  
Iglesia de Cristo --- Jinotega, Nicaragua

## INFORMATION AND PERMISSION SHEET for MINOR 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 \_\_\_\_\_

My child \_\_\_\_\_ 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 but that contact is not necessary. I accept full responsible for the cost of any treatment that is necessary.

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_ 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.