

2025 MID-ATLANTIC CHRISTADELPHIAN BIBLE SCHOOL

June 28 - July 5, 2025

www.MidAtlanticBibleSchool.org

MEDICAL PERMISSION FORM

Dear Parent/Legal Guardian:

Below is the medical permission form for those under 18 who are planning to attend the Mid-Atlantic Christadelphian Bible School with a **Guardian** other than their parent or legal guardian. This form **MUST** be completed and signed by a parent or legal guardian in order to authorize emergency medical treatment following a related medical incident. While all pray that it will not be necessary to use this permission, it is incumbent upon the Bible School Service Committee to prepare appropriately. **Note: This signed Medical Admission Form is required for attendance of students seeking to attend without parent(s)/legal guardian!**

The form should be returned well in advance of the school to:

MACBS
PO BOX 131
MANSFIELD, PA 16933
USA

For additional forms see the web site or E-mail: macbs@live.com

Thank you for your cooperation.
The MACBS Bible School Service Committee

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MEDICAL PERMISSION FORM FOR YOUTH ATTENDING WITH A GUARDIAN

I, the undersigned, as the parent/legal guardian of _____
(Print Youth's Full Name)

do hereby give my permission to _____ to authorize any
(Print Sponsor's Name)

First aid or medical care deemed necessary for the above-named youth in case of a medical emergency while attending the 2025 Mid-Atlantic Christadelphian Bible School (note dates above).

Parent/legal guardian (please print name) _____

Signature: _____ Date _____

**THIS FORM MUST BE RETURNED PRIOR TO BIBLE SCHOOL (ASAP & at least one week prior) to:
MACBS, PO BOX 131, MANSFIELD, PA 16933, USA**

Admission to the Bible School cannot be granted to Sponsored students without this signed permission form and YOU MUST GIVE A COPY OF YOUR MEDICAL INSURANCE CARD AND A SIGNED COPY OF THIS FORM TO THE GUARDIAN AND YOUR CHILD TO BRING TO THE BIBLE SCHOOL.