

2010 MID-ATLANTIC CHRISTADELPHIAN BIBLE SCHOOL
July 3- July 11, 2010

MEDICAL PERMISSION FORM

Dear Parent/Legal Guardian:

Below you will find a medical permission form for those under 18 who are planning to attend the Mid-Atlantic Christadelphian Bible School with a sponsor other than their parent or legal guardian. This form **must** be signed by a parent or legal guardian in order to authorize medical treatment in the event of an emergency. While all pray that it will not be necessary to use this permission, it is incumbent upon the Bible School Service Committee to prepare for any such situation.

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

MACBS
PO BOX 131
MANSFIELD, PA 16933
USA

For Additional Information:

<http://www.Christadelphians.net/MACBS> or E-mail: macbs@live.com

Thank you for your cooperation.

The Bible School Service Committee

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MEDICAL PERMISSION FORM FOR YOUTH ATTENDING WITH A SPONSOR

I, the undersigned, as the parent/legal guardian of _____

do hereby give my permission to _____ to authorize
(Sponsor's name)

any first aid or medical care deemed necessary for the above named youth in case of a medical emergency during the week of the 2010 Mid-Atlantic Christadelphian Bible School.

Parent/legal guardian (please print) _____

Signature: _____

Date _____

THIS FORM MUST BE RETURNED PRIOR TO BIBLE SCHOOL to MACBS, PO BOX 131, MANSFIELD, PA 16933, USA (Admission cannot be granted to those without this signed permission form.)

PLEASE GIVE A COPY OF YOUR MEDICAL INSURANCE CARD AND A SIGNED COPY OF THIS FORM TO THE SPONSOR AND YOUR CHILD TO CARRY WITH THEM TO THE BIBLE SCHOOL.