

**2015 MID-ATLANTIC CHRISTADELPHIAN BIBLE SCHOOL**

**June 27 - July 5, 2015**

www.MidAtlanticBibleSchool.com

**MEDICAL PERMISSION FORM**

Dear Parent/Legal Guardian:

Below is 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. **Note: Admission CANNOT be granted to those without this signed permission form.**

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

MACBS  
PO BOX 131  
MANSFIELD, PA 16933  
USA

**For additional forms see our web site or E-mail: [macbs@live.com](mailto: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 SPONSOR**

I, the undersigned, as the parent/legal guardian of \_\_\_\_\_  
(Print Youth's 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 during the week of the 2015 Mid-Atlantic Christadelphian Bible School.

Parent/legal guardian (please print name) \_\_\_\_\_

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.**