

# 2024 MID-ATLANTIC CHRISTADELPHIAN BIBLE SCHOOL

June 29 - July 6, 2024

www.MidAtlanticBibleSchool.org

## 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 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 for any such situation. **Note: Admission to the Bible School CANNOT be granted to Sponsored students 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 the 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 while attending the 2024 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.**

**❖ 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.**