

**2026 MID-ATLANTIC CHRISTADELPHIAN BIBLE SCHOOL**

**June 27 - July 4, 2026**

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 (MACBS) 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 use of this permission form will not be necessary, it is incumbent upon the Bible School Service Committee to prepare appropriately. **Note: This signed Medical Permission 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](mailto:macbs@live.com)**

Thank you for your cooperation.  
The MACBS 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  
(Print Sponsor's Name)

any first aid or medical care deemed necessary for the above-named youth in case of a medical emergency while attending the 2026 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.**