

Absolutely Ottawa! Summer Programming
P.O. Box 99
Ottawa, KS 66067

LETTER OF RELEASE FOR ALL MINORS:

Dear Alice Joy Lewis, Director:

My child, _____, will be attending Absolutely Ottawa! Summer Programming. I assume responsibility for my child's safety and well-being. Specifically, I agree that the Absolutely Ottawa! Summer Program, the Ottawa Suzuki Institute, and the International House of Prayer University shall not be responsible or liable for any harm.

I give my permission for my child, _____, to receive medical treatment should such become necessary. If transportation by ambulance is required, this service may be obtained. The following is a description of any allergies or medical conditions that the Institute should be aware of:

MEDICAL INFORMATION / ALLERGIES:

PARENT / GUARDIAN CELL PHONE: _____

SIGNED: _____ DATE: _____
(Parent or Guardian)

Signing must be observed by a notary public.

Medical Insurance Information: Company: _____
Plan Number: _____
Member ID / Group Number: _____

State of: _____ County of: _____

On this _____ day of _____ 20____

_____ personally appeared before me: who is
(Name)
known to me, or whose identity I proved on the basis of satisfactory evidence; to be the signer of the above instrument, and he / she acknowledged that he / she executed it.

Notary Public

My Commission Expires: _____