OLR Summer Day Camp
40 Notre Dame Ave
Dayton OH 45404

PICK-UP PERMISSION FORM:

I hereby give my permission for the following people to pick up my child(ren) from the OLR Summer Day Camp program:

_____	_____	_____
(NAME)	**(ADDRESS)**	**(PHONE)**
_____	_____	_____
(NAME)	**(ADDRESS)**	**(PHONE)**
_____	_____	_____
(NAME)	**(ADDRESS)**	**(PHONE)**
_____	_____	_____
(NAME)	**(ADDRESS)**	**(PHONE)**

Signed _____ Date _____

Witness _____ Date _____