

# SCRIP WAIVER

## STUDENT DELIVERY

### Permission Waiver Form

WAIVER OF RESPONSIBILITY: Complete this waiver if you give consent for your student to deliver your SCRIP order home. Gift Cards will be sent home with your child only if this disclaimer is signed and on file with the program coordinator.

I authorize ST. JOSEPH SCHOOL to release my SCRIP order to the following students:

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

I understand that ST. JOSEPH SCHOOL and/or the SCRIP Coordinator/Volunteers are not responsible for and I will not hold them accountable for any lost or misplaced SCRIP order.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date