## SCRIP G/C Order Release Form 2017-18

SCRIP G/C orders are processed each week and are picked up by parents in the office or distributed to the students at the end of the day.

Parent's Full Name (print)
Parent's Signature
Distribution choices - please indicate one of the following:
I will pick up my SCRIP order in the office.
I would like my SCRIP order sent home with my child and have completed
the ASCA "Permission for Child/Ward Delivery of SCRIP and Waiver of Claim" form
on the <u>reverse side.</u>
Student information for distribution and order drop off - please complete the
following:
Student's Full Name:
Student's Homeroom Teacher:

If you change your choice of distribution, please understand that the "Permission for Child/Ward Delivery of SCRIP and Waiver of Claim" form <u>MUST</u> be completed prior to distribution.



## PERMISSION FOR CHILD/WARD DELIVERY OF SCRIP AND WAIVER OF CLAIM

I,	give permission to
Parent/Guardian ALL SAINTS CATHOLIC ACADEMY	to deliver Scrip,
Parish/School	to deliver scrip,
which I have ordered from parish/school, to my child/ward.	
Child/Ward	
I understand that my child/ward will be responsible for the safe transport of	of the Scrip from
school to my home and certify that I have discussed the responsibilities as	sociated with the
transport of the Scrip with my child/ward. I further understand that I have	the option of
personally picking up my Scrip orders from the parish/school rather than h	naving my child/ward
transport it.	
I agree that once the parish/school delivers the Scrip to my child/ward that	the parish/school is
not responsible for any Scrip which is lost, stolen or misplaced. I hereby w	aive any right of
recovery that I may have against the parish/school for Scrip which is lost, s	stolen or misplaced
after it is given to my child/ward.	
This agreement is effective for the 2017-2018 school year.	
Parent/Guardian Signature	
Date	