



*Holy Trinity School HSA
Scrip Program*

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

I, _____, give permission to
(Parent/Guardian)

_____ to deliver Scrip, which I have
(School)

ordered from the School, to my child/ward, _____, Grade _____
(Child/Ward)

I understand that my child/ward will be responsible for the safe transport of the Scrip from school to my home and certify that I have discussed the responsibilities associated 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 School rather than having my child/ward transport it.

I agree that once the School delivers the Scrip to my child/ward that the School is not responsible for any Scrip that is lost, stolen or misplaced. I hereby waive any right of recovery that I may have against the School for Scrip which is lost, stolen or misplaced after it is given to my child/ward.

This agreement is effective for the _____ - _____ school year.
(Year)

(Parent/Guardian Name – Please Print)

(Parent/Guardian Signature)

(Date)

**Scrip orders will be typically sent home in the weekly Thursday folder.
Please contact the coordinator if you wish to have it sent home another way.