



Scrip Waiver Permission for Child Delivery of Scrip

I, _____ give permission to
(Parent/Guardian First & Last Name)
Kaukauna Catholic Parishes and St. Ignatius Catholic School Office to deliver Scrip to my
child, _____ in grade _____.
(Student First & Last Name)

I understand that my child will be responsible for the safe transport of my Scrip order from the school to my home, and certify that I have discussed the responsibilities associated with the transport of my Scrip order with my child.

I understand that once the parish and school deliver my Scrip order to my child, the parish and school are not responsible for any of my Scrip orders that are lost, stolen, or misplaced. I hereby waive any right of recovery that I may have against the parish or school for my Scrip orders given to my child.

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

(Parent / Guardian Signature)

(Date)