

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

I	give permission to
Parent/Guardian	<u> </u>
Seton Catholic School  Parish/School	to deliver Scrip,
which I have ordered from school, to my child/ward, _	<u> </u>
	Child/Ward
I understand that my child/ward will be responsible fo	or the safe transport of the Scrip from
school to my home and certify that I have discussed the	ne responsibilities associated with the
transport of Scrip with my child/ward. I further unders	stand that I have the option of personally
picking up my Scrip orders from the current delivery l	ocations rather than having my child/ward
transport it.	
I agree that once the school delivers the Scrip to my cl	hild/ward that Seton Catholic School is
not responsible for any Scrip which is lost, stolen or m	nisplaced. I hereby waive any right of
recovery that I may have against Seton Catholic School	ol for Scrip which is lost, stolen or
misplaced after it is given to my child/ward.	
This agreement is effective for the $2024-2025$	school year.
Parent/Guardian Signature (Please type your First and Last Name if sub	omitting electronically)
I understand that by checking this box, I acknowledge and agree to	· ·
WARD DELIVERY OF SCRIP AND WAIVER OF CLAIM.	o ale comis above in the LERNINGSTON FOR CHIED/
Data	

Email completed form to llahey@seton.pvt.k12.ia.us or print and return to: 7597 Burds RD, Peosta, IA 52068