



2020-2021 SCRIP Pick-Up Authorization and Waiver Form

I, _____ (please print name) authorize the St. Joseph Catholic School SCRIP coordinator(s) to send my SCRIP order home with my child. I will not hold SJCS or the volunteers and coordinators responsible for any lost or misplaced gift cards during the transportation of such gift cards from SJCS to home.

Child's name: _____

Grade: _____ Teacher: _____

Signature: _____ Date: _____