

EAHS IMA Scrip Pick-Up Waiver Form

2019 - 2020 School Year

Date: _____

Scrip Customer Name (Parent's Name): _____

Scrip Customer Phone Number: _____

Scrip Customer E-mail Address: _____

I understand that the EAHS IMA requires scrip program participants to pick up scrip orders in person. I hereby authorize EAHS IMA to use the following alternate delivery method (check all that apply):

_____ Send my Scrip order home with the following student(s):

Student Name and Grade

_____ Send my Scrip order home with the following parent:

Parent's Name

In addition to authorizing the alternate delivery method listed above, I understand that I take full responsibility for the security of any order delivered by these methods, and hold harmless EAHS IMA or any one associated with the organization for loss, theft or any other disappearance of scrip orders once they are signed for and delivered in good faith via one of the methods listed above.

Signature _____ Date _____