

St. Paul School
18 Fearing Road
Hingham, MA 02043
781-749-2407
781-740-1262 Fax

Parent Permission Form

I, _____, the parent or guardian of
_____ authorize the staff and
personnel of St. Paul School to treat my son or daughter in case of an emergency.

Further I, _____ release the staff and personnel of
St. Paul's School from liability for any act or omission conducted in the course of
rendering such care to my son or daughter.

Date

Parent Signature