Hill Education Services

Parent / Caregiver Consent for Services

A service of Hill Therapy Services LLC · Susan Hill, M.A., M.S., M.Ed., LBS
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STUDENT INFORMATION

STUDENT'S FULL NAME _____ DATE OF BIRTH _____

SCHOOL _____ GRADE _____

PARENT / LEGAL GUARDIAN INFORMATION

PARENT/GUARDIAN FULL NAME _____ RELATIONSHIP TO STUDENT _____

PHONE _____ EMAIL _____

ADDRESS _____

EMERGENCY CONTACT (NAME & PHONE) _____

CONSENT

I am the parent or legal guardian of the student named above. I give my consent for **Susan Hill of Hill Education Services** (a service of Hill Therapy Services LLC) to provide educational services to my child, which may include individualized instruction, literacy assessment, academic skill-building, and related educational support, in person and/or virtually.

I understand and agree that:

- These services are educational in nature and are not medical, psychological, or mental-health treatment.
- Information about my child will be kept confidential and will not be shared with others without my written permission, except as required by law.
- I may withdraw this consent at any time by notifying Hill Education Services in writing.
- I will provide relevant educational records (such as an IEP, 504 plan, or evaluations) at my discretion to support my child's services.
- I, or another authorized adult, will remain on the premises while my child receives in-person services.

☐ I consent to receiving scheduling and service-related communication by email and/or text message. *(optional)*

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PRINTED NAME _____