Hill Education Services

Emergency Medical Authorization

A service of Hill Therapy Services LLC · Susan Hill, M.A., M.S., M.Ed., LBS
70 W. Oakland Drive, Suite 312, Doylestown, PA · 215-237-6391 · susan@hilleducationservices.com

STUDENT INFORMATION

STUDENT'S FULL NAME

DATE OF BIRTH

HEALTH INFORMATION (SHARED AT YOUR DISCRETION)

ALLERGIES (FOOD, MEDICATION, ENVIRONMENTAL)

MEDICAL CONDITIONS SUSAN SHOULD BE AWARE OF (E.G., ASTHMA, SEIZURES, DIABETES)

CURRENT MEDICATIONS (OPTIONAL)

PHYSICIAN / PRACTICE NAME

PHYSICIAN PHONE

EMERGENCY CONTACTS

CONTACT 1 — NAME & RELATIONSHIP

PHONE

CONTACT 2 — NAME & RELATIONSHIP

PHONE

AUTHORIZATION

If my child becomes ill or is injured during a session and I cannot be reached immediately, I authorize Susan Hill of Hill Education Services to take reasonable steps to ensure my child's safety, including administering basic first aid, contacting emergency services (911), and authorizing emergency transport to the nearest appropriate medical facility.

I understand that Hill Education Services does not provide medical care, that every reasonable effort will be made to contact me or my listed emergency contacts immediately, and that I am responsible for any costs of emergency medical care or transport.

PARENT / GUARDIAN SIGNATURE

DATE

PRINTED NAME