

VERIFICATION OF MEDICAL CONDITION

Pursuant to Section 3313.64(F)(3) of the Ohio Revised Code, the \_\_\_\_\_ School District will enroll a non-resident student who has a medical condition for which there is substantial likelihood that emergency medical treatment might be required if their parent(s) or legal guardian(s) is/are regularly employed in the District during the school day.

\_\_\_\_\_ is seeking to enroll his/her child, \_\_\_\_\_, in accordance with this provision of State law.

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This form certifies that \_\_\_\_\_ has been a patient under my care since \_\_\_\_\_  
Month Day Year

In my professional judgment, the medical condition described below is such that there is a substantial likelihood that it may require emergency medical treatment.

Medical Condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature