

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.

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