



Dublin City School District

Students
5111 F10
Revised 4/23/09

Non-Resident Verification of Medical Condition

- To be completed by parent/guardian.
- To be completed by physician.
- Completed form(s) to be returned to the Records Compliance Officer at Central Office.

Pursuant to Section 3313.64(F)(3) of the Ohio Revised Code, the Dublin City 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. The parent(s) or legal guardian(s) must be regularly employed in the District during the school day.

I, _____ am seeking to enroll my child,
 _____ in accordance with this provision
 of state law.

 Parent/Guardian Signature

 Date

To be completed by physician:

This form certifies that _____ has
 (student's name)
 been under my care since _____.
 (month) (day) (year)

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

 Physician's Name (printed)

 Physician's Signature

 Date