

East Knox Local Schools

Verification of Medical Contition

Pursuant to Section 3313.64(F)(3) of the Ohio Revised Code, the East Knox Local 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 certified 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 Contition: _____

Physician's Printed Name

Physician's Signature