

**ROSSFORD EXEMPTED VILLAGE SCHOOL DISTRICT  
AUTHORIZATION FOR MEDICATION OR TREATMENT**

To the Parent or Adult Student:

In compliance with the Rossford Board of Education Policy Number 5330, the following information is necessary for any student to possess or use prescribed medications or to receive treatment in school. All spaces must be completed.

Student's name: \_\_\_\_\_ School: \_\_\_\_\_

Student's address: \_\_\_\_\_ Homeroom teacher: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Exact name of prescription drug to be administered: \_\_\_\_\_

Exact name of nonprescription drug to be administered: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times to be administered: \_\_\_\_\_

Date to begin administering: \_\_\_/\_\_\_/\_\_\_ Date to stop drug: \_\_\_/\_\_\_/\_\_\_

Possible severe/adverse reactions to drug which should be reported to physician: \_\_\_\_\_

Special instructions: \_\_\_\_\_

1. I am requesting permission for my child named above to: (check one or both)  
\_\_\_\_\_ use or receive medication  
\_\_\_\_\_ receive treatment  
in accordance with the Doctor's prescription.
2. I will assume responsibility for safe delivery of the medication to school, either by me or by my child in the original container.
3. I will notify the school immediately if there is any change in the use of the medication, the prescribed treatment or the physician.
4. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian's signature: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

Physician's signature: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

**ROSSFORD EXEMPTED VILLAGE SCHOOL DISTRICT - RESIDENCY VERIFICATION (Form 5111 F2A)**

**Documents required to verify residence:**

**•complete/notarized form   •owner's/renter's license with local address   •owner's/renter's current utility bill with local address**  
**•parent/guardian's license with local address   •mobile park/apartment complex letter from manager listing all residents**

According to Ohio's School Attendance Law (O R C. 3313.63) a student can only attend school tuition-free in the district where his/her biological/custodial parent resides. This form must be completed, signed by both Parent and Resident Owner/Renter and notarized, whenever a parent cannot verify that he/she owns or rents a residence in the District.

**SECTION I: (to be completed by the legal parent/guardian)**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Although I do not own or rent a residence in the Rossford School District, this is to certify that I am the custodial parent of my children named above and our current permanent residence (residence - where the parent/guardian and student(s) in question eat their meals and sleep on a regular basis, receive their mail, and if applicable where the parent(s) are registered to vote) is:

Residence: \_\_\_\_\_  
Street (include apartment/lot number etc) City Zip

Should I change this, my permanent residence, I understand that my child may no longer be eligible to attend school in the Rossford District. I promise to notify the school immediately if my residence changes. I also understand that if in fact the stated information is not true, and in fact my child does not meet the residency requirements as defined by the State of Ohio I will be responsible for paying tuition from the date of enrollment.

\_\_\_\_\_  
Parent Signature Date

**SECTION II: (to be completed by the Resident with whom the family is living)**

Living at the address listed above as Guests of:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

According to Ohio Tuition Law, the resident of the school district who permits a nonresident student to reside with them can be held responsible for paying all tuition due, during the time the student resides in their home. It is understood that fraudulent reporting of residency for school attendance purposes is a violation of state law and could result in prosecution of all related parties in a court of law. Further, as the resident of the Rossford Exempted Village School District, I understand I can be held personally liable for any and all tuition obligations for all days of fraudulent attendance left unpaid by the custodial/biological parent.

\_\_\_\_\_  
Signature of Residence Owner/Renter Date

**SECTION III: (to be completed by the Notary Public)**

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS DAY \_\_\_\_\_ OF \_\_\_\_\_ 20 \_\_\_\_\_

**(Seal)**

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF OHIO

\_\_\_\_\_  
COMMISSION EXPIRES

**NOTICE: READ CAREFULLY: Knowingly falsifying this document is a violation of the Ohio Revised Code: Section 2921.13 (A) (6) which is a First Degree Misdemeanor punishable by a prison term of six (6) months and/or a fine up to \$1,000.00. Further, the student's residential parent will be billed (and prosecuted in court, if necessary) to collect all back tuition which may be due. Inaccurate and/or false information will result in immediate withdrawal of your child(ren) from Rossford Exempted Village School District.**