

**Hampton City Schools
One Franklin Street
Hampton, Virginia 23669**

Medical Exemption Request Form - Student Cell Phone/Electronic Device

Students are not permitted to have a personal cell phone or electronic device on their person or powered on during the school day. If you feel that your student needs to have their phone or electronic device on their person in order to have access to manage a medical diagnosis, please complete and return this form to the school nurse for review.

Name of Student: _____ D.O.B.: _____

Name of School: _____ Grade: _____

Parent/Guardian Contact Information

Name of Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Medical Provider Information

Medical Provider (providing care to the student for the condition for which services are requested):

Medical Provider Address: _____

Medical Provider Phone Number: _____

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION

I hereby authorize the following provider(s) to release and/or exchange information with Hampton City Schools:

This authorization is valid for one year and can be withdrawn at any time in writing, and if withdrawn, may affect the status of this request.

Parent/Guardian Signature: _____ Date: _____

This section is to be completed by a medical care provider providing care for the condition.

PHYSICIAN VERIFICATION

Medical Diagnosis: _____ Date of Diagnosis: _____

Explain exactly what medical activities require a cell phone/electronic device for management during the school day.

Medical Provider Signature: _____ Date: _____

Medical Provider's stamp required

THIS FORM WILL BE KEPT IN THE STUDENT'S HEALTH FOLDER AND MUST BE RENEWED AT THE BEGINNING OF EVERY SCHOOL YEAR.

School Use Only

Receiving School Personnel Signature: _____ Date: _____

Receiving Division Personnel Signature: _____ Date: _____

☐ **Approved**

☐ **Denied**

☐ **More Information Needed**

Please list below the specific cell phone/device use (times, location and situations) approved as related to the medical condition listed above.