



Request for Medical Exemption
Student Cell Phone/Electronic Device

In general, students are not permitted to possess/use a personal cell phone or electronic device powered on during the school day/bell schedule hours. If you feel that your child needs to have access to their personal cell phone or electronic device for their health or well-being, please complete and return this form to the school nurse for review

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

2. Name of School: _____ Grade: _____

3. Parent Contact Information

Name of Parent/Legal Guardian: _____

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

4. Medical Provider (California Licensed MD / DO / NP / PA)

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

Medical Provider Address: _____

Medical Provider Phone Number: _____

Name of Supervising Physician (NP / PA): _____

Acknowledgment/Release: By my signature, I authorize the release and exchange of medical information between the medical provider(s) listed on this form or his/her designee and school personnel. My signature provides the medical provider(s) with the authorization necessary to disclose protected health information and records regarding said student. This authorization may be withdrawn at any time in writing and, if withdrawn, may affect the status of the request.

Please note: This form, including parental permission to contact the treating medical provider, must be fully completed in order for the student to be considered for this exemption request.

Parent Signature: _____

Date: _____



I/we (parent/guardian) request permission for a cell phone/electronic device exemption for _____ (student name). If approved, we understand that the cell phone/electronic device must be used by the student only as indicated by the medical provider below.

Parent Signature: _____ Date: _____

I understand that completion of this application does not constitute or guarantee any exemption to Los Angeles Unified School District Cell Phone Policy. I acknowledge that if my exemption is approved, I will be permitted to use my personal electronic device as indicated by the medical provider below.

Student Signature: _____ Date: _____

This section is to be completed by a medical provider (California Licensed MD / DO / NP / PA) providing medical care for the condition:

Explain exactly what activities you expect the student to need a cell phone/electronic device for during the school day that is necessary for the health or well-being of the student:

Medical Provider Name & License #: _____

Medical Provider Signature: _____ Date: _____

SCHOOL PERSONNEL ONLY

☐ Form submission received and acknowledged

School Nurse Signature: _____ Date: _____

Once acknowledged, please provide a copy of this form to the school principal, the student's teacher, and the parent/legal guardian. File the original in the student's health record card.