Starmont
COMMUNITY SCHOOL DISTRICT

Cell Phone Use Medical Waiver Request Form

Purpose: This form is intended for students who require the use of a cell phone during the school day due to a documented medical condition. Approval is subject to verification and administrative approval. This waiver does not grant unrestricted phone use and must be aligned with the specific medical needs of the student.

Student Information

Student Name: _____ **Grade:** _____

Parent/Guardian Name:_____

Primary Contact Number:_____

Email Address: _____

Medical Information

● **Medical Condition Requiring Cell Phone Use:**

_____

● **Reason Cell Phone Access is Necessary for Medical Management:**

_____

● **Treating Physician/Medical Provider Name:**

_____

● **Provider Contact Number:** _____

● **Documentation Requirement:**
    _____ *I have attached a signed statement from a licensed healthcare provider detailing the medical necessity for cell phone use during the school day.*

Acknowledgments and Agreement

By signing below, I/we understand and agree to the following:

- The cell phone will be used strictly for medical monitoring/communication as described by the healthcare provider.

- Any misuse of the phone (e.g., social media, games, texting non-medical contacts during class) may result in revocation of this waiver.

- The student must follow all other school rules and policies, including keeping the phone on silent or vibrate, and using it discreetly as needed.

- This waiver is valid for the current school year and must be renewed annually or if medical circumstances change.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

School Nurse Verification:
_____ Documentation Reviewed
_____ Recommendation for Approval

School Nurse Signature: _____ Date: _____

Administrator Decision:
_____ Approved
_____ Denied

Comments/Conditions: _____

Administrator Signature: _____ Date: _____