



## Medical Exemption Request Student Cell Phone/Electronic Device

Students are not permitted to have a personal cell phone or electronic device powered on during the school day. If upon consultation with your child's healthcare provider it is determined that your child needs to have access to their personal cell phone or electronic device to manage a medical diagnosis, please complete and return this form to the school administrator for review. **Incomplete forms will not be processed.**

Please note the following:

- (1) The student cannot display, use, activate, or permit the portable communication device to be activated during the instructional day for non medical use. The instructional day includes, but is not limited to, lunch break, class changes, and any other structured or unstructured instructional activity that occurs during the normal school day; and
- (2) The student must ensure the device is out of sight during the instructional day.
- (3) Any violation by the student of School Board Policy or Regulation of Suffolk Public Schools relative to student use of portable communication devices may result in student disciplinary action.

***(Please print clearly.)***

1. Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. School Student Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

### 3. Parent Contact Information

Name of Parent/Guardian or Eligible Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 4. Medical Provider Information

Medical Provider (MD/DO/NP/PA providing care to the student for the condition for which services are requested):

\_\_\_\_\_

Medical Provider Address: \_\_\_\_\_

Medical Provider Phone Number: \_\_\_\_\_



**Acknowledgement/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 division 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 This authorization may be withdrawn at any time in writing, and if withdrawn, may affect the status of the request.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section to be completed by the medical provider, providing medical care for the condition:**

Medical Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Explain exactly what medical management activities you expect the student to need a cell phone/electronic device for during the school day.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please review the attached Consensus Statement from the Virginia Chapter of the American Academy of Pediatrics and partners regarding Cell Phone Exemptions for Children prior to signing below.

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Use Only**

Receiving School Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving Division Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved       Denied       More Information Needed

# Consensus Statement: Cell Phone Exemptions for Children

**As Virginia schools work to implement a cell phone-free environment, families may have questions for their healthcare providers about medical conditions that make carrying a cell phone necessary for students during school hours.**

**The following guidance regarding medical exemptions for cell phones in schools does not replace conversations between families and healthcare providers about the risks and benefits of individual children carrying a cell phone.**

## **General Cell Phone Guidance**

The medical conditions that may make requiring a cell phone for children in schools are very rare. Healthcare providers should provide written recommendations for cell phone use, or other approved technology, to manage medical conditions during school hours.

## **Ear, Nose, and Throat**

Students with cochlear implants, bone conduction devices, and hearing aids use cell phone apps to adjust the devices, which qualify them for a medical exemption. Specialists may also provide written exemptions for students with tinnitus, who may use cellphones for white noise generation.

## **Endocrinology**

Students with diabetes who utilize continuous glucose monitoring technology require access to their cell phones during the school day. Specialists should provide recommendations in the student's Diabetes Medical Management Plan for cell phone use in schools.

## **Cardiology**

Occasionally children utilize looping event monitors, where a non-personal cell phone is used to send transmission. This requires a student to have this phone in their backpack near them. This device cannot make calls or access the internet but would need to be recognized by the school as an allowed device.

## **Gastrointestinal**

Occasionally children may undergo testing that includes video capsule endoscopy or pH-impedance studies, and students will be given a recording device that is independent of a cell phone.

## **Genetics**

Children with metabolic conditions do not routinely need to access their phones as medical needs are typically managed with written communications to a school nurse. Rarely, glucose monitoring may be required for students with rare genetic hypoglycemic disorders.

## **Palliative Care and Pain**

Children should not require their phones during the day if they have access to a school nurse.

## **Physical Medicine and Rehabilitation**

Rarely, children may be monitored with smartwatches or wearable heart rate trackers (e.g. FitBit) if they have autonomic dysregulation. Typically, the phone does not have to be in proximity and the data can be synced later in the day.

## **Pulmonology**

Rarely, children may be monitored for pulmonary function or oxygen saturations using a smart phone app, but most children will be able to go to the school nurse.

## **Neurology**

Children with epilepsy or seizures, migraines, or other neurological conditions do not require a cell phone in class. If a family is concerned about tracking events, this can be done on paper or through a school nurse.

## **Nephrology**

Children on dialysis may require access to their phones to access a ride (taxi services).

## **Urology**

Older children who use catheters may require "timers" to keep to their catheterization or voiding schedule. This is often done with a watch with a timer or smart watch; cell phones may not be required.

## **Anxiety, Depression, and Other Mental Health Conditions**

Anxiety, depression, and other mental health conditions do not require a student to keep a cell phone in the classroom. Children and teens are better positioned to learn other coping skills when they do not have access to a cell phone at school and are receiving appropriate medical care. Parents can support students with anxiety and other mental health conditions by connecting them with licensed therapists and medical providers. In rare instances, a licensed psychologist or psychiatrist may provide written documentation and work with a school on a 504 plan (e.g. using an app to help with relaxation); however, efforts should be made so that cell phones are accessed only in a setting outside the classroom (e.g. nurses' office) to avoid disruption to classroom learning.

# Consensus Statement: Cell Phone Exemptions for Children

The following pediatric specialties have no associated conditions that make carrying a cell phone necessary at school:

- Allergy, Asthma, & Immunology
- Dermatology
- Gynecology
- Hematology & Oncology
- Orthopedics
- Rheumatology
- Sports Medicine
- Surgery

Based on these guidelines, medical reasons to allow cell phone use in schools should be very rare. This consensus statement does not recommend or support non-medical exemptions.

**Obtaining a medical exemption for cell phone use.** Specialists will continue to support schools and families with written documentation for individual students on a rare, as-needed basis, should the use of a cell phone be considered medically necessary. These determinations will be noted in each patient's medical record and shared in writing with schools to support the school's efforts on a student's Individualized Healthcare Plan (IHP), Individualized Education Plan (IEP), or 504 Plan.

## Sample Exemption Letter\*

Date:

Name:

DOB:

*\*Courtesy of Children's Specialty Group,  
Pediatric Endocrinology, Norfolk VA.*

To Whom It May Concern,

[Patient Name] is followed in my pediatric endocrinology practice due to their diagnosis of type 1 diabetes. Diabetes affects the endocrine system, which is a "major bodily function" impacting major life activities. In addition to endocrine function, caring for oneself, performing manual tasks, walking, seeing, speaking, learning, concentrating, thinking, and communicating are examples of the major activities affected by diabetes. Based on these criteria, diabetes is a disability under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Diabetes treatment is individualized based on a multitude of factors. [Patient Name] manages their diabetes with a continuous glucose monitoring (CGM) device (i.e. Freestyle Libre or DexCom) that may or may not be paired with a hybrid closed-loop insulin pump and CGM receiver. Use of CGM technology requires the student be allowed to have their cell phone and/or CGM receiver during school hours. Close monitoring and treatment of high and low blood glucose and insulin doses are paramount to maintaining optimal glycemic control to reduce complications and enabling [Patient Name] to be well-positioned for optimal learning and academic success. If prompt treatment of blood glucose does not occur, [Patient Name] could experience life-threatening complications such as seizures, unconsciousness, or severe lethargy for low blood glucose, or diabetic ketoacidosis for prolonged high blood glucose. As such, below is a list of diabetes accommodations [Patient Name] requires in order to remain safe and healthy while in school:

- [Patient Name] should be permitted to keep their cell phone and/or CGM receiver/smartwatch during school hours. Non-related medical apps can be silenced, but critical low glucose alarms cannot be silenced. The phone and/or CGM receiver/smartwatch must remain within arms' reach at all times to allow for continuous data transmission of blood glucose to their parent and/or their insulin pump. It also allows for [Patient Name] and other school staff to see blood glucose levels in real time.
- [Patient Name] requires the use of their cell phone and/or CGM receiver/smartwatch during school hours. The phone and/or CGM receiver must remain within arms' reach at all times to allow for continuous data transmission of blood glucose to their parent and/or their insulin pump.
- [Patient Name] should be allowed access to a glucometer and blood glucose monitoring supplies at all times to manually check blood glucose if the CGM is malfunctioning, or if they need to confirm a blood glucose.

I appreciate your attention to this matter. Please contact our office at [Phone Number] for additional questions or concerns.

Sincerely,

[Name]