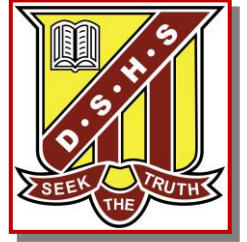




**Dalby State High School Electronic Device Policy  
(E.D.P.)  
MEDICAL VARIATION PLAN**



*(Devices covered by this policy include mobile phones, iPods, iPads, tablets, video game devices, smart watches with network capability and any other electronic device as determined by the Principal)*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year Level: \_\_\_\_\_

Parent / guardian's name: \_\_\_\_\_

The approved Medical Variation for the \_\_\_\_\_ school year is as follows:

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Signed: \_\_\_\_\_ (parent / guardian)

Signed: \_\_\_\_\_ (student)

Signed: \_\_\_\_\_ (Principal)