



The Maryland School for the Blind
3501 Taylor Avenue · Baltimore, Maryland 21236 · 410-444-5000

April 8, 2011

Dear Parents/Guardians:

Most MSB students spend several hours a week traveling by school bus to and from school. Sometimes a medical emergency occurs on the school bus. Although we provide instructions to the drivers regarding emergency situations, they are very general.

Please complete the enclosed medical information form as it pertains to your child. If you do **not** have any specific information or instructions, please let us know that too.

Once received, I will retain the original for your child's file. A copy will be given directly to the bus driver and will remain on your child's school bus along with other pertinent student and school information that helps transportation employees to do their jobs more effectively.

Any and all information you provide will be handled with respect and confidentiality. This information is intended to make you, your child, bus drivers and bus attendants more comfortable and confident in caring for your child. It will also help emergency medical services personnel in the event of an emergency.

If you have any questions or concerns, please call me at 410-444-5000 extension 1326.

Thank you.

Sincerely,

Phyllis S. Bearman
Coordinator, Student Services/Transportation

THE MARYLAND SCHOOL FOR THE BLIND

2011-12 School Year

Transportation: ~ Health ~ Emergency Information

Student's Name: _____ Nickname: _____

Date of Birth: _____ County of Residence: _____

Student's Physician: _____ Physician's Phone #: _____

Does child have seizures? _____ Yes _____ No

Medication for seizures? _____ Yes _____ No If yes, please list medication(s) and treatment.

Does child take other medication(s)? _____ Yes _____ No If yes, please list medication, dosage, time(s) administered.

Does child have allergies? _____ Yes _____ No If yes, list allergies and treatment(s) needed.

Does child require special health care? _____ Yes _____ No If yes, please explain.

_____ Tube feeding _____ Suctioning _____ Other

Other concerns/suggestions in the event my child may have to stay on the bus for a longer period of time due to bus breakdown, traffic accidents, etc.

Special Conditions: (Please check those that apply to your child.)

- Visually impaired**
- Wears glasses**
- Totally blind**

- Hearing loss**
- Wears hearing aid**
- Deaf**

- Verbal communicator**
- Uses sign language**
- Uses gestures**
- Uses facial expressions/vocalizations**
- Understands what you say—cannot reply**

Other. Please explain: _____

Signature of Parent/Guardian

Date of Signature