AIR CONDITION TRANSPORT

Health Center – School Year 2025-2026

Student Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

The above named child is a patient under my care and attends **The Maryland School for the Blind** with a diagnosis of: Click or tap here to enter text.

Due to this medical condition, it is important that he/she not become overheated. Since the temperature inside of a vehicle/school bus may be ten degrees hotter that the temperature outside, I am requesting that he/she be transported in an air-conditioned vehicle/school bus **when the outside temperature is Click or tap here to enter text. degrees or hotter.**

Thank you for your attention to this medical concern.

Student’s Physician (PRINTED NAME): Click or tap here to enter text.

Physician’s Address: Click or tap here to enter text.

Physician’s Phone #: Click or tap here to enter text.

Physician’s Fax #: Click or tap here to enter text.

Date Form Completed: Click or tap to enter a date.

Physician's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PB/cic:5/14/25