



# The Maryland School for the Blind

M.D.

3501 TAYLOR AVENUE BALTIMORE, MARYLAND 21236 410-444-5000

## AIR CONDITION TRANSPORT

Health Center - School Year 2026-2027

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

The above named child is a patient under my care and attends **The Maryland School for the Blind** with a diagnosis of: \_\_\_\_\_

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

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 than the temperature outside, I am requesting that he/she be transported in an air-conditioned vehicle/school bus **when the outside temperature is \_\_\_\_\_ degrees or hotter.**

Thank you for your attention to this medical concern.

Student's Physician: \_\_\_\_\_  
(PRINTED NAME)

Physician's Address: \_\_\_\_\_  
\_\_\_\_\_

Physician's Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physician's Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Form Completed: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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