ICA Medical Permission Slip

Name of Child _____ *Date* _____

The school nurse has my permission to:

	YES	NO
1. Keep necessary immunizations up to date.		
2. Test every two years for tuberculosis.		
(If your child has BCG check No)		
3. Treat illnesses.		
4. Give emergency care as needed, i.e. suturing.		
5. Consult with mission doctors as necessary.		
6. Consult with Bouaké doctors as needed, i.e. for X-ray.		
7. Seek appropriate emergency care, i.e. for surgery:		
a. Polyclinque, Bouaké		
b. Polyclinique, PISAM - Abidjan		
c. Baptist Hospital in Ferkessédougou is preferable		
All efforts will be make to notify parents in case of need for hospitalization.		
8. Seek dental care in Bouaké for:		
a. Emergency care		
b. Routine care if a visiting stateside dentist is available		
Please have your child's teeth checked and cared for before he comes to school, if possible.		
9. Seek care of ophthalmologist in Bouaké for:		
a. Eye care in trauma		
b. Examination for glasses		
10. Take my child to a Bouaké optician for:		
a. Filling prescription		
b. New or Mending Frames		
11. We have evacuation insurance		
If so, please list company name		

I agree to pay all expenses incurred, including transportation, laboratory, hospital, doctor and dental fees, and the cost of medication.

Signature _____

Address

Contact Information

Phone:

Office:

Cell:

Radio/e-mail/fax: