

# ICA Medical Permission Slip

Name of Child \_\_\_\_\_

Date \_\_\_\_\_

The school nurse has my permission to:

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. Polyclinique, 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 \_\_\_\_\_

YES	NO

Contact Information  
 Phone:  
 Office:  
 Cell:  
 Radio/e-mail/fax: