

ICA Medical Permission Slip

Name of Child _____ Date _____

The school nurse has my permission to:	YES	NO
Keep necessary immunizations up to date		
Test every two years for tuberculosis. (If your child had BCG check "No")		
Treat illnesses		
Give emergency care as needed, i.e. suturing		
Consult with mission doctors as necessary		
Consult with Bouaké doctors as needed, i.e. for X-ray		
Seek appropriate emergency care, i.e. for surgery: <i>All efforts will be made to notify parents in case of need for hospitalization.</i>		
Polyclinique, PISAM - Abidjan		
Baptist Hospital in Ferkessédougou		
Seek dental care in Bouaké for: <i>Please have your child's teeth checked and cared for before coming to school, if possible.</i>		
Emergency care		
Routine care if a visiting stateside dentist is available		
Seek care of ophthalmologist in Bouaké for:		
Eye care in trauma		
Examination for glasses		
Take my child to a Bouaké optician for:		
Filling prescription		
New or Mending Frames		
We have evacuation insurance (If so, please list company name and contact information.)		
Company:		
Policy Number:		

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

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

Signature _____