

Student's Name _____

Potassium Iodide (KI) Permission Form

Please be advised that your child should not receive KI if he or she is allergic to iodine, has Grave's Disease, enlargement of the thyroid, has multinodular goiter, auto-immune thyroiditis, has a known allergy to certain seafood with a high natural iodine content, or has a rare disorder of dermatitis herpetiformis or hypocomplementemic vasculitis. Those who may be pregnant, nursing, taking certain heart medications or anti-psychotic drugs should consult with their physician before taking KI.

If you should have any drug related concerns regarding the emergency use of KI or questions on your child's health and the use of KI, please discuss this with your child's doctor.

I have received, read, and understand the information sheet on potassium iodide and understand that in an event of a nuclear release, my child may be given KI, subject to my permission.

(CHECK ONE BOX)

YES I **do** want my child to be given potassium iodide (KI) in the event of a radiological emergency only when recommended by County and/or State Health officials.

NO I do **not** want my child to be given potassium iodide (KI).
Explain: _____

NO **Do not** give potassium iodide to my child because he/she is allergic to iodine or has a medical contraindication.
List: _____

Perry Elementary School: Homeroom Teacher: _____

Perry Middle School: Homeroom Teacher: _____

Perry High School: First Block Teacher 1st Semester: _____

First Block Teacher 2nd Semester: _____

Parent/Guardian Signature: _____

Date: _____

Please return this form to the appropriate School Office as soon as possible.