

POTASSIUM IODIDE (KI) STUDENT MEDICATION AUTHORIZATION FORM
(PLEASE COMPLETE A SEPARATE FORM FOR EACH ENROLLED STUDENT/CHILD)

Name of student: _____

Address: _____

Date of Birth: _____ School: _____

Name of Parent/Caregiver: _____

Home Telephone: _____ Day Telephone: _____

Student's Primary Care Physician: _____

Primary Care Physician Telephone: _____

(Please indicate your authorization or refusal by checking the appropriate box(es) below.)

YES, I want my above named child to be administered potassium iodide (KI) by school system personnel in the event of a nuclear emergency and upon the order of the Commissioner of the Department of Public Health.

NO, I do **NOT** want my above named child to be given potassium iodide (KI) by school system personnel in the event of a nuclear emergency, even if ordered by the Commissioner of the Department of Public Health for the *following* reasons:

1. Due to medical condition(s) such as those indicated below:
 - i. Allergy to iodine (if unsure consult your physician)
 - ii. Thyroid problems
(Thyroid problems can include: Grave's Disease, Goiter, Hypothyroidism, or any other condition of the thyroid gland.)
 - iii. Chronic hives, lupus, or skin disorders such as dermatitis herpetiformis or urticarial vasculitis
2. For other than medical reasons, I do not want my child to receive KI.

I understand it is my responsibility to notify School Administrators in writing if I desire to change my authorization as indicated above.

Date

Parent/Caregiver Signature

(Please complete and return via _____ to _____)