

BARNEGAT TOWNSHIP SCHOOL DISTRICT

Potassium Iodide (KI) Permission Slip

* * * * *

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

Please be advised that your child should not receive KI if he/she is allergic to iodine, or have a rare disorder of dermatitis, herpetiformis or hypocomplementemic vasculitis. If you should have any concerns regarding the emergency use of KI or questions about your child's health and the use of KI, please discuss this with your child's doctor.

- 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
- I DO NOT want my child to be given potassium iodide (KI)
- Do NOT give potassium iodide (KI) to my child because he/she is **allergic** to iodine or has a medical Contraindication

Your Child's Name: _____

School: _____

Grade: _____ Teacher/Homeroom: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____