

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/GUARDIAN: _____

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 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:*

Due to medical condition(s) such as those indicated below:

- Allergy to iodide
- Thyroid problems
(Thyroid problems can include: Grave's disease, Goiter, Hypothyroidism, or any other condition of the thyroid gland.)
- Hypocomplementemic Vasculitis
(A severe skin condition which includes bleeding under the skin, fluid-filled blisters, sores, and burning.)

For other than medical reasons, I do not want my child to receive KI.

I understand that this authorization will remain in effect for as long as my child is enrolled in Waterford Public Schools. I also understand it is my responsibility to notify School Administrators in writing if I desire to change my authorization as indicated above.

(Date)

(Parent/Guardian Signature)

(Please complete and return via child to classroom teacher.)