

Greenwich-Stow Creek Partnership Schools

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Potassium Iodide (KI) Permission Slip

I have received, read, and understand the fact sheets on Potassium Iodide (KI) and understand that in an 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 or she is allergic to iodine or has a rare disorder of dermatitis herpetiformis or hypocomplementemic vasculitis. If you should have any concern 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 **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.

Child's Name: _____

Grade: _____ Teacher/Homeroom Teacher: _____

Parent/Guardian Signature: _____

Date: _____