

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 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:
- Allergy to iodine
 - 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.]

(2) 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 Montville 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 to your child's school.)