

**Perry Preschool**  
**Potassium Iodide (KI) Permission Form**

I have received, read, and understand the information sheet on potassium iodide (KI) and understand that in an event of a nuclear release, my child may be given KI, subject to my permission and doctor's consent.

Please be advised that your child should not receive KI if he or she is allergic to iodine, has Graves' Disease, enlargement of the thyroid, has multinodular goiter, auto-immune thyroiditis, has a known allergy to certain seafood with high natural iodine content, or had a rare disorder of dermatitis herpetiformis or hypocomplementemic vasculitis. Those who may be pregnant, nursing, taking certain heart medications or anti-psychotic drugs should consult with their physician before taking KI.

- ❖ Your Doctor must sign off on this form stating that it is safe to give your child potassium iodide (KI). If you should have any concerns 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.

\_\_\_\_\_ YES – 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.

\_\_\_\_\_ NO – I do **NOT** want my child to be given potassium iodide (KI)

Explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ NO – **DO NOT** give potassium iodide (KI) to my child because he/she is allergic to iodine or has a medical contraindication. List: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Signature of Doctor:** \_\_\_\_\_