

**POTASSIUM IODIDE (KI)**  
**STUDENT MEDICAL NOTIFICATION 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:*

- 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.]*

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

**I understand it is my responsibility to notify School Administrators in writing if I desire to change my authorization as indicated above.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)