

LYME-OLD LYME SCHOOLS

Regional School District #18

A Private School Experience



in a Public School Setting

Potassium Iodide (KI) Student Medication Authorization Form

Available for download at: www.region18.org/page.cfm?p=626

Please complete a separate form for each enrolled student/child.

Name of student: _____

Address: _____

Birth date (mm/dd/yyyy): ___/___/_____ School: _____

Name of parent/guardian: _____

Home phone number: (____) ____-____ Work phone number: (____) ____-____x____

Student's primary care physician: _____

Primary care physician's telephone number: (____) ____-____x____

Please indicate your authorization or refusal by checking the appropriate boxes 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.

My child will will not need to have the KI tablet crushed.

NO, I do NOT want my above-named child to be given potassium iodide (KI) by school personnel in the event of an emergency, even if ordered by the Commissioner of the Department of Public Health for the following reasons:

Due to medical conditions such as an allergy to iodine, thyroid problems (which can include Graves' Disease, goiter, hypothyroidism, or any other condition of the thyroid gland), or hypocomplementemic vasculitis (a severe skin condition which includes bleeding under the skin, fluid-filled blisters, sores and burning)

For other than medical reasons. I understand that it is my responsibility to notify school administrators in writing if I desire to change my authorization as indicated above

Parent/guardian signature: _____ Date (mm/dd/yyyy): ___/___/_____

Note: this authorization will remain in effect indefinitely during the student's tenure in Regional School District #18 unless the school nurse is informed in writing of a change.