



## EAST LYME PUBLIC SCHOOLS

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Dear Parent/Caregiver:

Potassium iodide, also known by its chemical name “KI,” is an over-the-counter drug that protects the thyroid from absorbing radioactive iodine, *one* of the possible radioactive isotopes that may be released during an incident at a power plant. KI offers no protection against other types of radioactive emissions that can be released from a nuclear power plant.

The Public School Systems worked closely with the Connecticut Departments of Education, DESPP Division of Emergency Management and Homeland Security, and the State’s KI Committee to finalize in-school KI procedures and stockpiles of KI in the event of a radiological incident that calls for a public protective action such as evacuation or sheltering-in-place.

- **In keeping with our existing policies on student medication, under no circumstances should you send KI to school with your child.** Your adherence to this policy is *greatly* appreciated.
- All schools within the Millstone EPZ community school system’s have their own stockpile of KI under the control of our school medical staff. Staff has been trained and prepared to administer KI in the unlikely event it is needed on school grounds, on school transportation, or at off-site locations. Connecticut follows what the Food and Drug Administration (FDA) says to take during an emergency:
  - Adults over 18 years 2 tablets (130 mg), whole or crushed
  - Children over 12 years to 18 years who weigh at least 150 pounds 2 tablets (130 mg), whole or crushed
  - Children over 12 years to 18 years who weigh less than 150 pounds 1 tablet (65 mg), whole or crushed
  - Children over 3 years to 12 years 1 tablet (65 mg), whole or crushed
  - Children over 1 month to 3 years ½ tablet (32.5 mg), crushed

KI will only be administered to your children under the Governor’s declared “State of Emergency” and upon the order of the Commissioner of the Connecticut Department of Public Health. **Enclosed please find a KI Medication Authorization Form that must be filled out and returned as part of your child’s registration packet.** Your immediate attention to this important form is greatly appreciated and will assist us to ensure the safety of your child. **Failure to return your authorization form will be taken as positive permission to administer KI to your child under a Governor’s Emergency Declaration in the event of a nuclear accident.** You may wish to consult with your family doctor/pediatrician to verify that your child is not allergic to iodine and to answer any other questions you may have about this non-prescription medication.

Thank you for your cooperation. If you have additional questions or concerns, please do not hesitate to contact your child’s principal.

Sincerely,

Jeffrey R. Newton  
Superintendent of Schools

REV. 08/2017

*East Lyme Public Schools will inspire, engage and educate each student to become a contributing citizen and a responsible, independent, and critical thinker.*

**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/Caregiver: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Day Telephone: \_\_\_\_\_

Student's Primary Care Physician: \_\_\_\_\_

Primary Care Physician Telephone: \_\_\_\_\_

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(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:
  - i. Allergy to iodine (if unsure consult your physician)
  - ii. Thyroid problems  
(Thyroid problems can include: Grave's Disease, Goiter, Hypothyroidism, or any other condition of the thyroid gland.)
  - iii. Chronic hives, lupus, or skin disorders such as dermatitis herpetiformis or urticarial vasculitis

2. ☐ 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

\_\_\_\_\_  
Parent/Caregiver Signature

Please return to the main office of your child's school. Thank you.