IMPORTANT: RESPONSE NEEDED

In January 2001, the federal Nuclear Regulatory commission amended its policy on the availability and usage of the over-the-counter drug potassium iodide (KI) during a radiological emergency. KI protects the thyroid gland from exposure to radioactive iodine and is most effective when taken shortly before or after exposure to radioactive iodine. As a result, New York State also revised its policy, now providing KI to the general population in the 10-mile emergency planning zones surrounding commercial nuclear power sites.

Potassium Iodide to be provided for students in the event of a radiological emergency

Since two of the District's schools are located within the ten-mile zone (Valley Cottage and Liberty Schools), should the county and/or State Department of Health recommend the use of KI during an emergency, the District has acquired the Potassium Iodide from the county to be available on-site for ALL OF OUR STUDENTS. The distribution is not an alternative to evacuation or sheltering which remain New York's primary public protective actions in the event of an accident at any nuclear power site.

Option to Not Provide Potassium Iodide in an Emergency: Opt-Out Form

- If you **DO NOT WANT** the school to provide your child with KI in a radiological emergency, you must complete the form.
- This form will **remain in effect as long as your child attends the schools in the District**, unless you notify us in writing that you wish your child to be provided with KI.
- Please note that **you must check off that you do not want your child to be given Potassium Iodine**. If you do not and KI use is recommended by health officials, **your child will receive KI**.

The next section contains information about Potassium Iodide and its use in a radiological emergency. If you have any concerns regarding the emergency use of KI or questions on your child's health and the use of KI, please discuss them with your child's health care provider. Please contact your child's principal with any further questions about the program. Thank you for your cooperation as we continue to work together to provide the best possible care for your child.

Si ou bezwen enfòmasyon tradui an kreyòl,rele Jocelyne Abraham nan 353-7044
Si le hace falta información traducida en español, llame a Yesenia Polanco 353-

****

_____ I **DO NOT** want my child to be given Potassium Iodine

_____ _____
(Student's Name) (Student's School)

_____ _____
(Parent's signature) (Date)