



POTASSIUM IODIDE (KI) FORM 2024-2025

**PLEASE NOTE: IF KI USE IS RECOMMENDED BY HEALTH OFFICIALS, YOUR STUDENT
WILL RECEIVE KI UNLESS THIS FORM IS RETURNED.**

If you do not want the school to provide your student with KI in a radiological emergency, you must fill out and sign this Potassium Iodide (KI) form and send it to the Main Office. Please note that if you do not return the form and KI use is recommended by county officials, your student will receive KI

I understand that potassium iodide (KI) may be given to my student if recommended by the County and/or State Department of Health in a radiological emergency.

I have read and understand the information provided on Radiological Emergency Evacuation and Plan Preparedness.

☐ I **DO NOT** want my child given potassium iodide (KI) in the event of a radiological emergency.

Student's Name: _____

Date of Birth: _____

Instructor: _____

Parent/Guardian (Print): _____

Parent/Guardian (Signature): _____

Contact Information:
(phone or email) _____

Date: _____