

## Parent/Guardian Informed Consent Form

### Potassium Iodide Administration During School Hours In The Event of a Nuclear Emergency

#### Reason for Taking Potassium Iodide

In the event of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine will be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, Potassium Iodide (KI) floods the thyroid with non-reactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium Iodide needs to be given before or shortly after exposure to radiation. Potassium Iodide works only to prevent the thyroid from absorbing radioactive iodine.

#### Potential Side Effects of Potassium Iodide

It is possible to experience any or all of the following side effects when taking Potassium Iodide:

- Upset stomach
- Rash
- Allergic reaction – *A reaction can range from mild (rash, metallic taste in the mouth, sometimes stomach upset and diarrhea) to severe (fever, joint pain, swelling of parts of the face and body, and at times severe shortness of breath requiring immediate medical attention.)*

#### Risks of Taking Potassium Iodide

Taking Potassium Iodide is safe for most people\*. Potassium Iodide **should not be taken** if someone:

- Is allergic to iodine
- Has Graves Disease
- Has any other thyroid illness
- Take thyroid medication

\*Parents/guardians are requested to contact their child's physician if they have specific questions regarding the safety of KI administration to their child prior to returning this consent form to the school nurse.

#### Administration of Potassium Iodide

Potassium Iodide will **only be given**:

- In the event of a radiological emergency
- If it is recommended by public health officials
- If a parent/guardian signs a consent form for a child under the age of 18 years

**Informed Consent: Please complete the following information and return to the school nurse at your child's school.**

- ☐ **I do** want my child to be given Potassium Iodide in the event of a nuclear emergency  
☐ **I do not** want my child to be given Potassium Iodide in the event of a nuclear emergency

**Can your child swallow pills?** ☐ Yes ☐ No

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Parents Address \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_