

PARENTAL AUTHORIZATION FOR THE
ADMINISTRATION OF POTASSIUM IODIDE

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO BE ADMINISTERED POTASSIUM IODIDE IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Name of Student	Address
School	Grade

- A. I hereby give my permission for the school to administer potassium iodide to my child named above in the event of a nuclear accident which may result in exposure to radioactive materials.
- B. I understand that potassium iodide is an effective thyroid blocking agent in the event of radioactive exposure and may help limit the damaging effects of exposure to radioactive materials.
- C. I will notify the school immediately if I intend to withdraw my consent to the administration of potassium iodide to my child in the event of a nuclear accident.
- D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages and/or injury resulting directly or indirectly from my execution of this authorization form and the Board's reasonable and good faith implementation of same.

Signature of Parent	Date
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Home Telephone	Work Telephone
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