WILLARD CITY SCHOOL DISTRICT

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

_____ _____
Home Telephone Work Telephone

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