



POTASSIUM IODIDE (KI) FORM 2023-2024

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

Please ONLY complete this form if you DO NOT want your child to receive the KI tablets and return it the CiTi Safety & Risk Office, 179 County Route 64, Mexico, NY 13114

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: _____

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A BOARD OF COOPERATIVE EDUCATIONAL SERVICES

179 County Route 64, Mexico, NY 13114

Christopher J. Todd, District Superintendent/Executive Officer