

Potassium Iodide (KI) Refusal/ Opt Out Form

If you **DO NOT** want your child to be given potassium iodide (KI) in the event of a radiological emergency, please complete this form and return it to:

Phyllis Cobb, R.N.
Health Services
Croton-Harmon High School
36 Old Post Rd. South
Croton-on-Hudson, NY 10520

I understand that potassium iodide (KI) may be given to students if recommended by Westchester County and/or NYS Department of Health in a radiological emergency.

I have read and understand the Parent/Guardian letter and the Department of Health fact sheet.

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

Student's Name: _____

Student's Grade: _____

Parent/Guardian's Name: _____
(Please Print)

Parent/Guardian's Signature: _____

Date: _____ Telephone #: _____