

YORKTOWN CENTRAL SCHOOL DISTRICT
Yorktown Heights, New York 10598

POTASSIUM IODIDE (KI) REFUSAL/OPT-OUT FORM

If you **DO NOT** want your child given potassium iodide (KI) in the event of a radiological emergency, complete this form and return it to your child's school **before October 1st.**

I understand that potassium iodide (KI) may be given to my child if recommended by the County and/or State Department of Health in a radiological emergency.

I have read and understand the Parent/Guardian letter, Potassium Iodide (KI) Parent Questions and Answers, and Department of Health KI Information Sheet.

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

Child's Name _____ Grade _____

Homeroom Teacher _____

Parent/Guardian Signature _____

Date _____ Phone Number _____

**IF YOU DO NOT RETURN THIS FORM BEFORE OCTOBER 1st
AND KI USE IS RECOMMENDED BY HEALTH OFFICIALS, YOUR
CHILD WILL RECEIVE 65 mg of KI.**