



# WATERFORD PUBLIC SCHOOLS

15 Rope Ferry Road ♦ Waterford, Connecticut 06385

Phone (860) 444-5801 ♦ Fax (860) 444-5870

**Mr. Thomas W. Giard III**

*Superintendent*

**Mr. Craig C. Powers**

*Assistant Superintendent*

## **Potassium Iodide Authorization & Distribution Policy**

The State of Connecticut, working in conjunction with the nine municipalities that form the 10-mile Millstone Emergency Planning Zone (EPZ) distributed potassium iodide (KI) tablets to each residence. Each household received a total of four tablets with additional tablets available at local municipal offices.

Potassium iodide, also known by its chemical name "KI", is an over-the-counter drug that protects the thyroid from absorbing radioactive iodine, one of the possible radioactive isotopes that may be released during an incident at a nuclear power plant. Because we have procedures in place to evacuate all school children to locations outside of the EPZ much earlier during a nuclear incident, this should all but eliminate the need to administer KI to your children in school care. Our school staff is trained, however, to administer the KI in the unlikely event it is needed on school grounds, on school transportation, or at off-site locations. We will be following the FDA emergency dosage guidance that calls for one tablet to be administered to all children and adults over the age of one.

KI will only be administered to your child under a Governor's declared State of Emergency and upon the order of the Commissioner of the Connecticut Department of Public Health. Please complete the Student Medication Authorization Form and return it to your child's principal within five school days. Failure to return your authorization form will be taken as positive permission to administer KI to your child under a Governor's Emergency Declaration in the event of a nuclear accident. The authorization for your child to be given the KI will remain in effect for as long as the child is enrolled in the Waterford Public Schools. It is the responsibility of the parent or guardian to notify School Administrators in writing of any changes to the authorization form.

You may wish to consult with your family doctor/pediatrician to verify that your child is not allergic to iodine and to answer any other questions you may have about this nonprescription medication. In keeping with our existing policies on student medication, under no circumstances should KI be sent to school with a child. Adherence to this policy is greatly appreciated.

The safety of our students continues to be a priority for our school district. If you have any questions or concerns, please do not hesitate to contact your child's principal.

**POTASSIUM IODIDE (KI)**  
**STUDENT MEDICATION AUTHORIZATION FORM**

*(PLEASE COMPLETE A SEPARATE FORM FOR EACH ENROLLED STUDENT/CHILD)*

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ DAY TELEPHONE: \_\_\_\_\_

STUDENT'S PRIMARY CARE PHYSICIAN: \_\_\_\_\_

PRIMARY CARE PHYSICIAN TELEPHONE: \_\_\_\_\_

-----  
*(Please indicate your authorization or refusal by checking the appropriate box(es) below.)*

**YES**, I want my above named child to be administered potassium iodide (KI) by school system personnel in the event of a nuclear emergency and upon order of the Commissioner of the Department of Public Health.

**NO**, I do **NOT** want my above named child to be given potassium iodide (KI) by school system personnel in the event of a nuclear emergency, even if ordered by the Commissioner of the Department of Public Health *for the following reasons:*

Due to medical condition(s) such as those indicated below:

- Allergy to iodide
- Thyroid problems  
*(Thyroid problems can include: Grave's disease, Goiter, Hypothyroidism, or any other condition of the thyroid gland.)*
- Hypocomplementemic Vasculitis  
*(A severe skin condition which includes bleeding under the skin, fluid-filled blisters, sores, and burning.)*

For other than medical reasons, I do not want my child to receive KI.

I understand that this authorization will remain in effect for as long as my child is enrolled in Waterford Public Schools. I also understand it is my responsibility to notify School Administrators in writing if I desire to change my authorization as indicated above.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

*(Please complete and return via child to classroom teacher.)*