

Potassium Iodide Administration Parent/Guardian Informed Consent Form

Reason for Taking Potassium Iodide (KI)

In the event of a major incident at the nuclear power plant or what is also known as a radiological emergency, radioactive iodine will be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill or liquid, potassium iodide (KI) floods the thyroid with non-radioactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium iodide needs to be given before or shortly after exposure to radiation. Potassium iodide works only to prevent the thyroid from absorbing radioactive iodine.

Potential Side Effects of Potassium Iodide

It is possible to experience **any or all** of the following side effects when taking Potassium Iodide:

- Upset Stomach
- Rash
- Allergic Reaction

Risks of Taking Potassium Iodide

Taking Potassium Iodide is safe for most people. Potassium Iodide **should not be taken** if someone:

- Is allergic to iodine
- Has Graves Disease
- Has any other thyroid illness
- Takes thyroid medication
- CONSULT WITH YOUR PHYSICIAN IF YOU HAVE QUESTIONS OR CONCERNS ABOUT TAKING KI

More Information

- Can be found on the BHM Schools Website: [MDH Potassium Iodide \(KI\)](#)

Administration of Potassium Iodide

Potassium Iodide will **only be given**:

- In the case of a radiological emergency
- If it is recommended by public health officials
- If a parent/guardian signs a consent form for a student

Informed Consent—Please Check the Appropriate Box

☐ I do not consent to have the school nurse or his/her designee administer Potassium Iodide to my student.

☐ I consent to have the school nurse or his/her designee administer Potassium Iodide to my student. This consent, unless the school is notified by the parent/guardian to the contrary, is good for the duration your student is a student of BHM Public Schools.

Student's Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

PLEASE RETURN THIS FORM ASAP TO THE OFFICE OF THE SCHOOL BUILDING YOUR STUDENT ATTENDS

To consult with the school nurse, please contact

Timarie Leahy, RN at 763-682-8818 or at t Leahy@bhmschools.org for elementary schools
Sandy Vajda, RN at 763-682-8211 or at c vajda@bhmschools.org for middle school/Early Childhood
Cassandra Byrne, RN at 763-682-8120 or at c byrne@bhmschools.org for high school/PRIDE