

MEDICAL INFORMATION FOR EMERGENCY SITUATIONS

Potassium Iodide Distribution

The Commonwealth of Pennsylvania provides potassium iodide (KI) pills free of charge to school districts within a ten-mile radius of a nuclear facility. KI is approved by the Food and Drug Administration to provide protection against thyroid disease, including thyroid cancer, in the event of a release of radioactive iodine. Taken within the first few hours following a radiological release, KI will protect the thyroid gland. Distribution through the school system is given high priority because **children are much more sensitive to the ill effects of radioactive iodine than are adults. KI should not be taken by anyone who is allergic to iodine.**

State health officials will make an announcement if distribution of KI is necessary. At that time, **CHILDREN WHO HAVE PARENTAL APPROVAL WILL BE GIVEN A THERAPEUTIC DOSE OF POTASSIUM IODIDE (KI).** Please indicate your preference in the designated box below.

- NO** I **DO NOT** want my child to be given potassium iodide in the event of a nuclear emergency.
- YES** I **DO** want my child to be given potassium iodide in the event of a nuclear emergency.

Emergency Medication Administration

In the event of a sheltering or evacuation situation due to a nuclear or other emergency, it will be necessary to have the following current information. If your child takes any medication on a daily basis, it is your responsibility to keep a supply of the medication in the nurse's office (e.g., insulin and syringes, seizure medications, medication for bee stings or food allergies). The medication must be brought to the nurse's office in the original pharmaceutically dispensed and properly labeled container, noting the date, dosage, and times to be administered. A physician's written order and written permission from the parent to administer your child's medication are also required.

Please check and sign below:

- NO** My child does not require prescription medication.
- YES** My child requires the following prescription medication: _____

NAME of STUDENT: _____ Grade/Homeroom _____

SIGNATURE of PARENT/GUARDIAN _____ DATE: _____

THIS FORM MUST BE SIGNED AND RETURNED TO THE SCHOOL NURSE FOR EVERY STUDENT.