

**POTASSIUM IODIDE (KI)**  
**PARENT/GUARDIAN INFORMED CONSENT FORM**  
Prairie View and Lindgren Schools

**Reason For Taking KI**

In the case of a radiological accident at the Prairie Island Nuclear Plant, radioactive iodine (radioiodine) may be released. If radioactive iodine is inhaled or ingested, it is known to concentrate in the thyroid gland where it increases the risk of thyroid cancer or disease. Children and infants are the most vulnerable. Potassium iodide (KI) saturates the thyroid with non-radioactive iodine and prevents/blocks the thyroid from absorbing the radioactive iodine material.

Potassium iodide must be taken shortly before or within 4 hours after a radioactive iodine exposure to be most effective. KI only protects the thyroid and does not protect any other part of the body from any form of radiation.

**Potential Side Effects Of Taking KI**

One or more of the following symptoms could be present:

- ◆ Shortness of breath or wheezing
- ◆ Trouble breathing, speaking or swallowing
- ◆ Swelling of mouth, tongue, or throat
- ◆ Fever and joint pain
- ◆ Skin rash

**Persons Who Should Not Take KI**

Taking KI is safe for most people, however, KI **should not be taken** if someone:

- ◆ Is allergic to iodine or shellfish
- ◆ Has Graves Disease
- ◆ Has any other thyroid illness
- ◆ Takes thyroid medication
- ◆ Has dermatitis herpetiformis or hypocomplementemic vasculitis

**Administration/Taking of KI**

Potassium Iodide will **only be given to students** when specifically instructed to do so. This may occur at the time the State recommends evacuation or sheltering-in-place during a General Emergency at the Prairie Island Nuclear Plant. KI is recommended for public use by the State Dept. of Health & Family Services and should be administered per instructions found with the KI packaging.

The public will be formally notified about any decision or recommendation to administer KI by official media releases following the sounding of the warning sirens. Emergency Alert System messages will also be broadcast on local television and radio stations.

In order to administer Potassium Iodide the school should have a fully completed consent form on file signed by the parent/guardian of the child under their care.

(Please turn this page over for completing the consent form.)

**POTASSIUM IODIDE (KI)  
PARENT/GUARDIAN INFORMED CONSENT FORM**

Child's Name (Print): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: Home – (\_\_\_\_\_) \_\_\_\_\_ Work – (\_\_\_\_\_) \_\_\_\_\_

**Child Relevant Medical Condition Disclosure**

My child **is** allergic to iodine or shellfish.             Yes     No

My child **has** Graves Disease.                             Yes     No

My child **has** a thyroid illness.                          Yes     No

My child **takes** thyroid medication.                    Yes     No

My child **has** dermatitis herpetiformis                 Yes     No

My child **has** hypocomplementemic vasculitis.       Yes     No

**~ READ AND SIGN ONE, BUT NOT BOTH OF THE FOLLOWING STATEMENTS ~**

**Informed Consent**

I have indicated above that my child **does not have** any of the medical conditions listed. **I hereby consent** to have school district employees administer potassium iodide (KI) to my child when instructed by the State to take KI due to a radiological emergency at the nuclear power plant. Dose – 1 tablet (65 mg) whole or crushed for children 3-12 years. This statement of **consent** is good for one year from the date signed, and may be withdrawn at any time.

Parent/Guardian Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Informed Non-Consent**

I have indicated above that my child **has one or more** of the medical conditions listed; or that I specifically desire for other undisclosed reasons that my child not be administered KI. **I hereby do not consent** to have a school district employee or their designee, administer potassium iodide (KI) to my child for any reason. This statement of **non-consent** takes affect on the date signed and remains in affect until formally withdrawn in writing.

Parent/Guardian Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

(Please turn this page over for important information on administering KI.)