

POTASSIUM IODIDE (KI) CONSENT FORM

In the event of a radiological emergency, the Westchester County Department of Emergency Services may recommend the dispensing of Potassium Iodide (KI). If you **DO** want your child given potassium iodide (KI) please complete this form and return it with the Health History Form.

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

I have read the Parent/Guardian letter. I have also noted that I have the ability to check with my child's health care provider.

I **DO** want my child given potassium iodide (KI) in the event of a radiological emergency, and I hereby agree to hold Teatown Lake Reservation, Inc., its employees, volunteers, officers and directors, harmless from any and all liability arising out of the dispersing of KI to my child or from failure or refusal to disperse KI to my child.

Child's Name: _____

Session(s): _____ Group: _____

Parent/Guardian Signature: _____

Date: _____ Telephone No. _____