

**WEBSTER CENTRAL SCHOOL DISTRICT**  
**POTASSIUM IODIDE (KI) REFUSAL/OPT-OUT**

I understand that Potassium Iodide (KI) will be administered to my child if recommended by the County and/or State Department of Health in a radiological emergency.

- If your child is a new student in Webster Central Central School District, and you do not want your child to receive KI, return this form within 3 days to the Central Registration Office.
- If your child is a current student in Webster Central Central School District and you **DO NOT** want your child to receive Potassium Iodide (KI) in the event of a radiological emergency, complete this form and return it to your child's school health office.

If you do not return this form and KI use is recommended by health officials, your child will be eligible to receive KI. You may change your mind at any time and submit written notification to your child's building nurse.

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I have read and understand the Parent/Guardian letter, Department of Health KI Fact sheet, and the FDA's FAQs on KI.

I **DO NOT** want my child to receive potassium iodide (KI) in the event of a radiological emergency.

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**IF YOU DO NOT RETURN THIS FORM AND KI USE IS RECOMMENDED BY  
HEALTH OFFICIALS, YOUR CHILD WILL BE ELIGIBLE TO RECEIVE KI.**