

# Sample Parental Consent Letter



Pennsylvania Department of Health  
Division of School Health  
625 Forster St.  
Harrisburg PA 17108

Dear Parents/Guardians:

As you may have learned from media reports, the Commonwealth of Pennsylvania is making potassium iodide (KI) pills available free of charge to people who live, work or attend school within a ten-mile radius of a nuclear facility. KI (“kay-eye”) is approved by the U.S. Food and Drug Administration for use in providing an extra layer of protection against thyroid disease, including thyroid cancer, in the event of radioactive iodine exposure due to an accident or terrorist incident. Taken prior to or within the first few hours after exposure, KI will protect the thyroid gland, which is located in the front of the neck.

**PLEASE NOTE: The best protective action in a radiation emergency is evacuation.**

Should such an emergency occur, the media would broadcast official recommendations to the public for protective actions including the possible use of KI. Most importantly, KI tablets will be available at school should a recommendation to take KI occur while school is in session. Distribution through the school system is being given high priority for the reason that children are much more sensitive to the ill effects of radioactive iodide than are adults.

**KI should NOT be taken by anyone who is allergic to iodide.**

A KI fact sheet is enclosed for your review.

If you have any questions or need more information regarding the school’s participation in the program or the consent form, please call \_\_\_\_\_ at \_\_\_\_\_.

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**Please circle and sign below:**

**YES** I **DO** want my child to be given potassium iodide, when instructed by public health officials, in the event of a radioactive emergency during school hours.

**NO** I **DO NOT** want my child to be given potassium iodide, when instructed by public health officials, in the event of a radioactive emergency during school hours.

NAME of STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

SIGNATURE of Parent/Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return to the School Nurse**