

Chappaqua Central Schools

Dear Parents,

The Chappaqua Central School District in compliance with the State Education Department and the Westchester County Department of Emergency Services, has in place at each school building, plans for the administration of Potassium Iodide (KI) in the event of a radiological emergency.

KI is an over-the-counter drug that protects the thyroid from exposure to radioactive iodine. KI only protects this one organ and is not an alternative to evacuation or sheltering. **In fact, evacuation and sheltering remain New York's primary public protective actions in the event of an accident at any nuclear power site.** KI is most effective when taken within hours of exposure and is only available in pill and liquid form. The protective effects last for approximately 24 hours. For children who are unable to swallow pills, KI can be administered with food.

In the unlikely event that a dangerous level of radioactive iodine is released into the environment, the State Department of Health and/or the Westchester County Department of Health will notify the schools and authorize the dispensing of one dose of KI to children. Designated school personnel will make every effort to see that all those who are to receive the treatment take the medicine.

If you would like your child to receive one dose of KI in the event of a nuclear emergency, please fill out the permission form below and **return this form** to school. If you choose NOT to take part, we will need this form on file. **If you do not respond to this letter, your child will be given one dose of KI in accordance with State guidelines.**

If you have any questions regarding KI administration, please contact your physician or the Westchester County Department of Health at (914) 813-5000 or visit the department's website at www.westchestergov.com/health. If you have any questions regarding school procedures, please contact your school administrators.

Sincerely,

Christine Ackerman, PhD
Superintendent of Schools

- In the event of a radiological emergency, I request that my child receive one 65 mg dose of KI.**
- I/We DO NOT want KI administered to my child.**

Child's name: _____

School: _____

Parent's name (please print): _____

Parent's Signature: _____

Date: _____

Comments: _____
