



# CENTRAL VALLEY

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## SCHOOL DISTRICT

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 accidental release of radioactive iodine. It is most effective when taken prior to or within the first few hours after exposure.

**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 iodine than are adults.

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

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 contact one of the following Central Valley School District Nurses.

- Barb Magnotta, MS, BSN, RN, CSN
  - Center Grange Primary 724-775-8201 ext. 12011
  - Todd Lane Elementary 724-775-5990
- Mary Jo Wood, BSN, RN, CSN
  - Central Valley Middle School 724-775-8200 ext. 30118
  - Central Valley High School 724-775-4300 ext. 14116

**Please complete, detach and return the Potassium Iodide Distribution Permission Form to your child’s teacher.**

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### Potassium Iodide Distribution Permission Form

Student’s Name: \_\_\_\_\_

Grade Level:    K    1    2    3    4    5    6    7    8    9    10    11    12

Homeroom Teacher: \_\_\_\_\_

School:             Center Grange     Todd Lane     CV Middle School     CV High School

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

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(Parent/Guardian Name)

(Signature)

(Date)