



POTASSIUM IODIDE COMMUNITY DISTRIBUTION
CONSENT/REGISTRATION FORMS

In order to receive the appropriate amount of potassium iodide (KI) for your family and household, please fill out this consent/registration form (only one per household). A household includes all the people living in your home.

People who are allergic to iodine or have other serious health conditions should not take KI. If you have questions regarding your ability to take KI, discuss this with your family health care provider.

Pregnant or nursing women who have no pregnancy related problems as well as children may take KI Pills.

I have received and read the KI information forms. I understand that I, and members of my household, should take Potassium Iodide (KI) only when recommended by a public health official through a public health announcement during a nuclear emergency.

Person receiving pills for the household _____
Last (Name) First MI

Address: _____

Township: _____ Zip: _____ Phone: _____

of adults in household (over 18 years old) _____

of children 12 years old to 18 years old (weighs over 150 lbs.(70kg) _____

of children under 18 years old (weighs less than 150 lbs (70kg) _____

Signature: _____ Date : _____

Official Use

Adult Pills Lot #: _____

Number Given : _____

Children's Pills Batch #: _____

Number Given: _____