pennsylvania
DEPARTMENT OF HEALTH

POTASSIUM IODIDE (KI) PARTICIPATION REQUEST AND AGREEMENT FOR SCHOOLS

INSTRUCTIONS: Please provide the following information regarding school/school district in order to receive your allotment of KI tablets:

School/School District: _____

Shipping Address: _____
_____
_____
Attention to: _____

County: _____

Contact Person and Title: _____

Phone No. _____ Email address: _____ Fax: _____

Located within the following EPZ (check one):

Beaver Valley Power Station _____
Susquehanna Steam Electric Station _____
Peach Bottom Atomic Power Station _____
Limerick Generating Station _____
Three Mile Island Nuclear Station _____

Number of students _____
Number of staff _____

In the event of a radioactive iodine release from a nearby nuclear power plant and upon notification by the Governor or public health officials, _____School/School District agrees to distribute KI tablets to its students and staff.

_____ _____
Superintendent/Chief Administrative Officer Date

Return completed form to:

Pennsylvania Department of Health
Division of School Health
Room 628, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120
Attention: School KI Program Coordinator

09/11