

**St. John's Episcopal Preschool**

**Child's Name:** \_\_\_\_\_

**Classroom:** \_\_\_\_\_

**1. Emergency Phone Contact Numbers**

In order to reach every family, or another designated contact(s), in the event of an emergency situation, please provide two "best" daytime contact phone numbers and indicate contact name:

Primary # \_\_\_\_\_ Secondary # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**2. Authorization to Dispense Potassium Iodide**

If an emergency situation occurs and the Preschool leadership determines it is prudent to administer potassium iodide,

\_\_\_\_\_ I authorize \_\_\_\_\_ I do NOT authorize

the Preschool to give my child the 130 mg dosage recommended by medical and government guidelines.

*Potassium iodide is a compound administered to block thyroid uptake in the event of a radiation emergency.*

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**Parent Signature and Date**

**3. Designation of Emergency Pick-Up Families**

If St. John's Preschool is operating under its Emergency Plan, and I am unable to reach the Preschool or "neighborhood safe home" for an extended period of time, the following Preschool families, located **within walking distance** of the school and safe home, are authorized to pick up my child:

1. \_\_\_\_\_

2. \_\_\_\_\_

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**Parent Signature and Date**