

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.

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. _____

Parent Signature and Date