

REQUEST FOR RECORDS

Maple Lake Elementary
PO Box 788
Maple Lake, MN 55358
Phone: (320) 963-3024
Fax: (320) 963-6584

School Name

School Address

City, State, Zip

Name of Student:

Birthdate:

Current Grade:

Please forward the following information as soon as possible:

- State reporting number/MARSS #
- Cumulative Records
- Standardized Test Scores
- Discipline Records
- Health Records
- Reading Recovery/Title 1 Records
- Attendance Records
- Special Education Records
 - Most Recent IEP
 - Most Recent Assessment Summaries
 - Psychological Testing Report
- Other _____

According to section 7.0 and 7.2 of the Family Education Right to Privacy Act of 1974, P.L. 93-380, a parent signature is not required to transfer a student's records to other school districts upon official request from the school.

Signature of school official requesting records: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Registration Form

Maple Lake Elementary School

ISD # 881

Please print and fill out this form completely:

For Office Use Only:

Teacher: _____ Bus: _____

Start Date: _____

Student Legal Last Name:	First Name:	Middle Name:	Gender:	Enrolling Grade:
Address/Apt. #	City		State	Zip
Student's Birthdate:	Birthplace:	Home Phone:		

Has this student ever attended ISD 881 before? Y N If yes, when? _____
Previous School: _____ Name of School City State Zip
Preschool Attended: Y N If yes, where/when: _____ Name of School Name of School

Does this child receive: Title I Reading: Y N Title I Math: Y N 504 Plan: Y N

Does this student need special education services? Y N If yes, explain.

Parent/Guardian Household #1 Information:

Name:	Relationship to Student	Home Phone:	Cell Phone:	Work Phone:
Email #1		Email #2		
Address/Apt. #	City		State	Zip

Parent/Guardian Household #2 Information:

Name:	Relationship to Student	Home Phone:	Cell Phone:	Work Phone:
Email #1		Email #2		
Address/Apt. #	City		State	Zip

Registration Form

Maple Lake Elementary School

ISD # 881

Is this student attending Maple Lake Elementary under the Enrollment Options Program? Yes ___ No ___

If yes, what school district do you reside in? _____

Home Language Questionnaire:

1. Which language did your child learn first? English Other (specify): _____
2. Which language is most often spoken in your home? English Other (specify): _____
3. Which language does your child usually speak? English Other (specify): _____

Race and Ethnicity:

For state reporting please choose the ONE response that best describes your child's primary racial background:

- American Indian or Alaska Native
- Asian or Pacific Islander
- Hispanic
- Black, not Hispanic origin
- White

For federal reporting purposes, choose ALL that apply:

- American Indian or Alaska Native
- Asian
- Black, not Hispanic origin
- Native Hawaiian or other Pacific Islander
- White

For federal reporting purposes, choose ONE answer –Childs Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Please list below all others living in household with student

Name (First, Middle, Last)	Birthdate mm/dd/yyyy	Gender M/F	Relationship (To head of household)	Grade

Emergency Information – to be used in an emergency if parents can't be reached.

Contact 1: Name _____ Relationship to student _____ Phone _____

Contact 2: Name _____ Relationship to student _____ Phone _____

In case of an extreme emergency, if you cannot be reached within a reasonable time, an ambulance will be called to take your child to the nearest hospital.

Please include any information that will be helpful to school personnel:

Signature _____

Date _____



Statewide Enrollment Options Form
Required form for all Minnesota school districts

Section 1: To be completed by the student's parent/guardian

PARENTS: email, mail or fax this form to the superintendent's office of the non-resident district where you would like your student to attend school. Do not mail to the Minnesota Department of Education (MDE). See separate instructions for important January 15 deadline information that may apply.

Parent/Legal Guardian Information

Last Name: _____ First Name _____ MI: _____
Phone: Home: (____) _____ Work:(____) _____ Cell:(____) _____
Street Address: _____ City: _____ State: _____ ZIP: _____
Resident District: _____
District #: _____ City: _____
District of Choice (Non-Resident School District): _____
District #: _____ City: _____
District of Choice Fax Number:(_____) _____

Student Information

Student Name: Last: _____ First: _____ MI: _____
Current Grade Level: _____ Grade Level Desired: _____ Desired Date of Enrollment: _____
Is this student currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in Minnesota Statutes, section 124D.03, Subdivision 1? [] Yes [] No
Will the student be at least age 5 and under age 21 by September 1 of enrollment year? [] Yes [] No

When a spot is offered, districts will then request birthdate, records and other required registration information. If you answered NO to the statement regarding age 5, the student is not eligible for open enrollment unless the student fully meets the requirements for an exception to the age requirements listed in the Enrollment Options Instructions document.
[] Yes, this student qualifies under the terms of the exceptions described on page 3 of this form.

Does the student have a sibling open enrolled in this district? [] Yes [] No

Please rank the schools in the non-resident district in order of preference:
1. _____
2. _____
3. _____

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Signature of Parent/Legal Guardian: _____ Date: _____

Section 2: To be completed by the non-resident district

Non-resident district: Notify parents/guardians by **February 15** (or no more than 90 days after receiving applications that come later through an Achievement and Integration School Choice Program) of approval or disapproval of application. Families must accept or decline the offer by **March 1 or 45 days later**. After receiving the commitment to attend, the non-resident district must notify the resident district by **March 15** (or 30 days after initial receipt if form filed after January 15) of the student’s intent to enroll. Report all rejected applications to the Minnesota Department of Education by July 15.

Date Application Received: _____

District Name: _____ District Number: _____

District Contact Name: _____ Title: _____

Telephone Number: _____

Sibling Preference Applies

District of residence preference due to MDE approved Achievement and Integration School Choice Program.

APPROVED

On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

School Building Name: _____

Starting Date: _____

Grade Level: _____

NOT APPROVED

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in Minnesota Statutes, section 124D.03. **Check all that apply.**

The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or Minnesota Statutes, section 124D.03, Subdivision 3.

Statutory enrollment cap has been reached. (Minn. Stat. § 124D.03, Subd.2)

Grade is closed district-wide by board action. (Minn. Stat. § 124D.03, Subd. 2 and Subd.6)

District has denied the application because of specific expulsion reasons allowed in law. (Minn. Stat. § 124D.03, Subd.1)

NON-RESIDENT DISTRICT SIGNATURE

Superintendent/Responsible Authority: _____ Date: _____

DISTRICTS MAY NOT MODIFY THIS FORM, ADD DATA FIELDS OR CREATE ALTERNATIVE FORMATS.

PARENTS/LEGAL GUARDIANS MUST PHYSICALLY SIGN THE FORM.

Statewide Enrollment Options Instructions

GENERAL INFORMATION AND INSTRUCTIONS: Kindergarten through twelfth grade students and pre-kindergarten children with disabilities may apply to attend a public school outside of their resident district (Minn. Stat. § 124D.03). Use one application per student per requested district. Complete and sign Section 1 of the Statewide Enrollment Options Form and send to the non-resident district's superintendent's office. **Please do not send the form to MDE.**

Age requirements:

Open enrollment is only available to students who will be age 5 by September 1 and under age 21, without a high school diploma, unless:

- The student is under age 5 and has been identified through a formal assessment process in the resident district as needing an individual education plan for early childhood special education. In these situations, the family should list "EC" as their requested grade level.
- **OR**, the student has met all requirements of the nonresident district for consideration for early entrance to kindergarten such as a September or October birth date, assessment testing and a trial period of enrollment **and** the nonresident district has agreed to consider an open enrollment for the child for early entrance to kindergarten. Do not submit this form in this situation without first working with the nonresident district to determine eligibility.

Deadlines and exceptions to deadlines:

Applications must be sent to the nonresident district by January 15 in order to enroll beginning the following school year unless:

- One or both districts has a Minnesota Department of Education Achievement and Integration Plan, in which case there is no deadline and enrollment may begin at any time after notification of acceptance. (Minn. Stat. § 124D.03, Subd. 4)
- **OR**, the student moved into the resident district on or later than December 1. (Minn. Stat. § 124D.03, Subd. 7).
- **OR**, other unusual situations apply under Minnesota Statutes, section 124D.03, Subdivision 7.

Acceptance or denial of open enrollment cannot be based on previous academic achievement, athletic or other extracurricular ability, disabling conditions, proficiency in the English language, previous disciplinary proceedings or the student's district of residence unless the resident district and nonresident district are working together in an MDE approved Achievement and Integration School Choice Program. (Minn. Stat. § 124D.03, Subd. 6.)

Families may indicate preferences for school sites or programs within the district; if unavailable, districts will offer families options in the family's stated order of preference at other sites unless the grade level or open enrollment has been closed by board action. Families may apply in more than one district. Use one form per child per district.

Do not disclose special needs of students on the *Statewide Enrollment Options* Form; this information is provided after an enrollment spot is offered.

Currently expelled students: Nonresident districts may, but are not required to, reject applications from students currently expelled as defined in Minnesota Statutes, section 121A.45 and Minnesota Statutes, section 124D.03 Subdivision 1.

Notice as to acceptance of application: You can expect to receive an approval/disapproval from the nonresident district by **February 15 or when applying through the waived deadlines for Achievement and Integration districts 90 days** after applying for the current or upcoming school year. (Do not apply for statewide enrollment options further in advance than for the upcoming school year.) School districts who have more applications than they can accommodate hold lotteries to determine which students will receive spots. Siblings of currently open-enrolled students receive preference. Districts may also give lottery preference in some Achievement and Integration Program situations. Statewide Enrollment Options Lottery procedures must be approved by local school board and posted on the school district website.

If the nonresident district notifies you that your application has been accepted:

Notify the nonresident district as to whether you are accepting the offer of enrollment by **March 1** or, if you applied under a no deadline situation, 45 days after notification. The nonresident district must notify the resident district that your student is changing enrollment by March 15 (or 30 days after notice from you that you are accepting the enrollment if January 15 application deadline was not applicable). Visit the district offices at least 10 days prior to the above starting date for completion of all enrollment forms.

Parents or guardians of students with special needs are encouraged to contact the district as soon as possible after accepting an offer of enrollment in a nonresident district so an IEP team can be convened.

The school district will provide you with information regarding transportation if you request it from a bus stop in that district. (Minn. Stat. § 123B.88, Subd. 6; Minn. Stat. § 124D.03, Subd. 8.)

By accepting this enrollment, your student is obligated to attend the nonresident district during the upcoming school year. You do not need to reapply in subsequent years for your student to remain enrolled unless you move out of your current district. If you move into another Minnesota non-resident school district, you will not lose your seat but do need to submit an updated Enrollment Options Form. Note: you **do need** to apply again for siblings but the siblings must be given a preference if open enrollments requests exceed available seats.

To return to your resident district for the following school year, notify your resident district that you are returning by January 15 for the following fall.

If your application was denied, districts:

- Must indicate the provision in state law that applied.
- Must report to the Minnesota Department of Education by July 15 all denied applications.
- May inform you that the only reason the application was rejected was a missed January 15 deadline. In this case, you could ask your resident district whether it would be willing to form a nonresident agreement with the nonresident district for the upcoming year--both districts must agree. However, you will need to apply again next year through the regular open enrollment process, meeting the January 15 deadline, so your student's enrollment is not subject to year-to-year mutual agreements between districts. (Minn. Stat. § 124D.03, Subd.6)

Maple Lake Elementary 2016-2017 Supply List

Kindergarten - - - Most school supplies will be shared by the class

- | | |
|---|--|
| 1 LARGE school bag or backpack (label with name) | 1 Fiskar scissors-(blunt tip) |
| 1 wide ruled 70 count notebook (label with name) | 1 tray of Crayola watercolor paints (8 color) |
| 2 - 1.5" 3 ring binder (label with name) | 1 box of Kleenex |
| 2 plastic folder with pocket and clasps (label with name) | 2 pack wide black dry erase markers (low odor) |
| 1 PLASTIC pocket folder (label with name) | 2 boxes Crayola crayons (24 count) |
| 1 - 3 hole pencil pouch with zipper (label with name) | 1 container Clorox or Lysol wipes |
| 1 box Crayola Classic Markers -fine tip (8 count) | 4 pack black skinny dry erase markers |
| 1 box Crayola Classic Markers -broad tip (8 count) | tennis shoes for phy-ed (stay at school) |
| 1 box ziploc bags: gallon size - <u>girls</u> ; sandwich size - <u>boys</u> | 1 bottle Elmer's Glue (4 oz. no gel glue) |
| 24 #2 pencils Dixon brand preferred (<u>please sharpen</u>) | 1 package pink erasers (3 ct) |
| sheet protectors for 3 ring binder (optional) | 4-pack playdough |
| 1 ream of copy paper (optional) | 20 small Elmer's glue sticks |
| 1 - 2" scotch clear packaging/mailling tape w/teeth (<u>optional</u>) | |

First Grade - - - Most school supplies will be shared by the class

- | | |
|--|--|
| 1 composition notebook (any color) | pencil box (<u>5 1/2 x 8 1/2</u> or <u>7 x 11</u>) no pouches |
| 48 - #2 yellow pencils (please sharpen) | 1 Fiskar scissors-(metal not plastic) |
| 1 large eraser | tennis shoes for phy-ed (stay at school) |
| 2 pack wide dry erase markers (expo brand) | 2 packs Crayola Classic wide markers-10 count |
| 1 bottle Elmer's Glue (4 oz. no gel glue) | 1 box Kleenex |
| 1 box ziploc bags: sandwich size: (<u>boys</u>) | 2 boxes crayons (24 count) |
| 1 - 2" masking tape (<u>boys</u>) | 10 large glue sticks or 20 small Elmer's glue sticks |
| 1 plastic pocket folder with <u>3 ring binder holes</u> | colored pencils (12 count) |
| school bag or backpack | 2 - 1" 3 ring binder hard cover <u>w/pockets</u> |
| 1 container Clorox or Lysol wipes | 1 shoe box size plastic container with lid |
| 1 - 2" scotch clear packaging/mailling tape w/teeth (<u>girls</u>) | 1 ream of white computer paper - <u>optional</u> |
| 3 pads of post-it notes (3"x3") (<u>girls</u>) | 1 box ziploc bags: gallon size - <u>optional</u> |
| 1 spiral wide ruled notebook | |

Second Grade

- | | |
|--|--|
| 1 box gallon size Ziploc bags (Boys) | 1 bottle large Elmer's Glue |
| 1 box sandwich size Ziploc bags (Girls) | 3 spiral-bound notebooks (wide-lined) |
| 1 composition journal hard covered, black & white speckled | 1 Fiskar or Crayola scissors |
| 1 box <i>washable</i> Crayola Classic wide markers | pencil box (no larger than 5x8) prefer soft case |
| tennis shoes for phy-ed (stay at school) | school bag or backpack |
| 60 #2 pencils Dixon brand preferred (<u>please sharpen</u>) | 10 large glue sticks or 20 small glue sticks |
| 2 boxes crayons (24 count) | 3 pads of post-it notes (3"x3") |
| 1 - 1.5" 3 ring binder with pockets | 2 boxes of Kleenex |
| 1 large eraser | 1 plastic pocket folder with tangs |
| 1 enclosed personal pencil sharpener | 2 trays of Crayola watercolor paints |
| 4 pack wide dry erase markers (expo brand) | 1 container Clorox or Lysol wipes |

Maple Lake Elementary 2016-2017 Supply List

Third Grade

3 plastic pocket folders (different colors)	2 yellow <u>highlighter</u> marker
1 subject notebook (wide-lined)	1 <u>Fiskar</u> scissors
2 composition notebooks	6 Elmer's glue sticks
1- 1" 3-ring binder hard cover w/ pockets - again in January if needed	tennis shoes for phy-ed (stay at school)
pencil box sized plastic container with lid (5 x 8)	school bag or backpack
48 #2 pencils Dixon brand preferred (<u>please sharpen</u>)	2 boxes Kleenex
1 large eraser	1 box colored pencils (8 count)
1 box crayons (24 count)	1 roll wide Masking Tape <u>optional</u>
1 box markers (8 count)	1- 2" Scotch clear packing tape <u>optional</u> " Scotch brand "
1 container Clorox or Lysol wipes	
2 pack wide <u>black</u> dry erase markers (expo brand)	

Fourth Grade - - - No trappers please

2 spiral-bound notebooks (wide-lined)	tennis shoes for phy-ed (stay at school)
colored pencils (12 count)	2 boxes Kleenex
8 plastic folders with pockets & <u>clasps</u> (1-yellow, 2-red, 1-blue, 2-purple, 1-green and 1-orange)	2 Elmer's glue sticks
48 - #2 pencils (please sharpen)	2- 1" 3-ring binder hard cover w/ pockets
1 ruler	1 box crayons (16 count)
school bag or backpack	1 large eraser
2 pack wide dry erase markers (expo brand) <u>boys</u>	pencil box (no larger than 5x8)
1 container Clorox or Lysol wipes - <u>girls</u>	2 <u>highlighter</u> markers
1 scissors	1 pencil pouch w/holes to fit in binder
	1 enclosed personal pencil sharpener

Fifth Grade - - - No trappers please

24 - #2 pencils (please sharpen)	1 box Kleenex
1 packages colored pencils	2 <u>highlighter</u> markers
3 spiral-bound notebook (wide-lined red, blue and purple)	Art pencil box (no larger than 5x8)
1 - 3 subject notebooks (green)	adult size scissors
1 pencil pouch w/holes to fit in binder	1 package of pens (red or blue)
4 plastic folders with <u>pockets & hole punched</u> (blue, green, red, orange)	1 box crayons (48 count)
2 glue sticks (Elmer's) or 1 bottle Elmer's glue	tennis shoes for phy-ed (stay at school)
1 large eraser	school bag or backpack
1.5" clearview (on front) 3 ring binder w/inner pockets	stretchable fabric cover (jumbo size)
	1 container Clorox or Lysol wipes

If any supplies are lost or broken during the year they must be replaced!

Sixth Grade - - - No trappers please

Texas Instrument Calculator (model TI-30XS) <u>can be used in gr 6-9</u>	art box (no larger than 5x8)
1.5" clearview (on front) 3-ring binder	school bag or backpack
1 pencil pouch w/holes to fit in binder	tennis shoes for phy-ed (stay at school)
48 - #2 pencils (please sharpen)	colored pencils
2 <u>highlighter</u> markers	3 composition books (wide ruled)
2 plastic folders with <u>pockets & hole punched</u> (blue, red) markers (<u>optional</u>)	4 glue sticks
2: 3 subject notebooks (more than 120 pages)	2 boxes of Kleenex
1 packet of pencil top erasers	1 book of stamps for monthly grandparents letters
	2 containers Clorox or Lysol wipes

STUDENT INFORMATION

School Year _____

STUDENT NAMES: 1 _____ 2 _____
LAST FIRST LAST FIRST
3 _____ 4 _____
LAST FIRST LAST FIRST

This information will be used to update the school's computer database; then will be stored in the Health Office in case of illness or emergency. Please fill in the information as completely as possible – include area codes. If your child becomes ill or injured at school, an effort will be made to contact a parent/guardian first. In the event that one cannot be reached, the designated alternates will be called in the order listed. Please list people who will most likely be available and/or be able to provide transportation for your child.

PRIMARY ADDRESS _____ **City** _____

PARENT/GUARDIAN INFORMATION (please list any additional addresses on the back of this form)

Mother's Name _____ Home Phone _____
Work Place _____ Phone _____ Cell Phone _____
Email _____

Father's Name _____ Home Phone _____
Work Place _____ Phone _____ CellPhone _____
Email _____

Alternate Contacts:

- Name & Relationship _____ Home Phone _____
Work Phone _____ Cell Phone _____
- Name & Relationship _____ Home Phone _____
Work Phone _____ Cell Phone _____
- Name & Relationship _____ Home Phone _____
Work phone _____ Cell Phone _____

Any additional information that may be helpful to staff trying to reach a guardian: _____

Health Information STUDENT #1:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

Health Information STUDENT #2:	
NAME:	
BIRTHDATE:	GRADE:
Please list ALL health issues or concerns:	
Medications taken daily (even if not at school):	
Allergies:	
Any recent immunizations received:	

OVER FOR ADDITIONAL CHILDREN:

In the event of an emergency, I am aware that school personnel will attempt to contact a guardian first, then contact persons on the above list. I authorize school personnel to provide care for my child, including using the Emergency Medical System and transporting via ambulance if necessary. I also authorize the school nurse to share this information with school staff as needed to effectively care for my child during the school day.

GUARDIAN'S SIGNATURE: _____ **Date:** _____

MAPLE LAKE PUBLIC SCHOOLS

Independent School District No. 881

School Nurse Office P.O. Box 788, Maple Lake, MN 55358-0788

Phone: 320-963-7482 Fax: 320-963-6584

Medication Request and Authorization

Maple Lake School District's medication policy requires a physician signature for all medication given by the nurse during school hours. By completing this form you are authorizing the health office staff to administer the medication for the school year unless the student's medication needs change

Student Name: _____ **D.O.B.** _____ **Grade** _____

PHYSICIAN MEDICATION ORDER:

Diagnosis: _____

Medication & Dosage: _____

Frequency/time of Dosage: _____

For inhalers ONLY: may student carry and self-administer? _____

Physician Signature: _____ **Date** _____

PARENT/GUARDIAN REQUEST FOR MEDICATION ADMINISTRATION

Name of Physician _____ Phone _____

Address _____

I request that the medication described above be given to my child at school as prescribed and that the above information be released to/from the physician from/to the school. If necessary, the school may request additional information from the physician regarding this condition. I understand that any changes in these orders will need to be accompanied by a new authorization form. A fax is the same as an original.

_____ Date _____

Signature of Parent/Guardian

Home or Daytime Telephone Number _____

Potassium Iodide (KI): *What it is and what it does*

What is KI? And what does it do?

Potassium iodide – or KI – is a form of salt that contains iodine. It can be used to protect the thyroid gland against radioactive forms of iodine. Radioactive iodine could potentially be released during an event at a nuclear generating plant, or other types of nuclear emergencies.

Why is that important?

And how can KI help?

The thyroid is an important organ. It regulates your metabolism, heart rate, body weight and energy level. The thyroid needs iodine to work properly. In fact, KI is routinely added to common table salt, to make sure we all get enough iodine.

But that need for iodine creates a special problem if there is any *radioactive* iodine in the environment. Because the thyroid needs iodine, it may absorb the released radioactive iodine. That means the thyroid *could* get a *much higher dose* of radiation than the rest of the body.

A higher dose of radiation means a higher risk of thyroid cancer, at some point in the future. That's especially true for people who are exposed as children or young adults – but not so much for people over the age of 40.

If you take KI before being exposed to radiation, it can help protect the thyroid. Because KI is a form of iodine, the thyroid will tend to absorb it, and become saturated. That means it will be much harder for the thyroid to absorb any radioactive iodine.

Does KI protect any other part of the body?

No, it doesn't.

KI is not an all-purpose "anti-irradiation" pill. It doesn't protect any other part of the body –

just the thyroid. And it doesn't protect against other kinds of radioactive materials, like cesium or strontium. It only protects against radioactive iodine.

It also won't protect against chemical or biological agents, or against "dirty bombs" – which contain radioactive waste, but are unlikely to contain any radioactive iodine.

Who should take KI?

For many years the State of Minnesota has made KI available to law enforcement and other emergency response personnel. That was because during an event at a nuclear generating plant they may have to enter and remain in an evacuated area. It is their job to take care of the ill and the injured, maintain order, and perform other critical tasks. This mission could place them at higher risk of radiation exposure.

In addition to KI, these critical personnel are provided with equipment for monitoring radiation levels, and would be in constant contact with experts on appropriate safety procedures during a response.

KI can also offer an extra measure of protection for the general public. However, it won't help unless you take it properly and only when told to do so by emergency response officials.

When should you take KI?

KI can help you protect yourself – and avoid increasing your risk of thyroid cancer – during an event at a nuclear generating plant. That's especially true if you are not able to evacuate and leave the affected area quickly.

KI is most effective if taken *before* being exposed to radiation, however not before being told to do so by emergency response officials. It will still give you some protection if you take it up to four hours after you are first exposed. It offers little benefit if taken after that timeframe.



Communications Office
625 Robert St. North
P.O. Box 64975
St. Paul, MN 55164-0975
(651) 201-4999
www.health.state.mn.us

Potassium Iodide (KI) *What it is and what it does* – page 2

If you take KI, do you still have to evacuate?
Yes – if at all possible.

If you are asked to leave an affected area during an event at a nuclear generating plant, you should leave as soon as you can. Evacuation is the first line of defense – the most important thing you can do to protect yourself and your family.

KI provides an extra measure of protection if, for any reason, you can't evacuate right away. An evacuation route might be blocked, for example, and bad weather could also slow an evacuation. Never use KI as a substitute for evacuation.

Where do you get KI?

Couldn't I just use table salt instead?

That wouldn't work. You would need to consume at least five cups of iodized salt which could be lethal. However, KI is not a prescription item. It can be sold over-the-counter and you can sometimes find it in retail stores or over the Internet. KI is also being distributed free of charge to people living near Minnesota's two nuclear generating plants.

How much should you take?

The correct dose of KI is based on body weight. The FDA has approved two different forms of KI—tablets and liquid—that people can take by mouth after a nuclear radiation emergency. Tablets come in two strengths, 130 milligram (mg) and 65 mg. The tablets are scored so they may be cut into smaller pieces to give lower doses – and possibly mash them up and mix them with food or drink – if you are giving KI to children. Each milliliter (mL) of the oral liquid solution contains 65 mg of KI.

According to the FDA, you should take (or give) the following doses after exposure to radioactive iodine:

- Adults should take 130 mg (one 130 mg tablet OR two 65 mg tablets OR two mL of solution).
- Women who are breastfeeding should take the adult dose of 130 mg.
- Children between 3 and 18 years of age should take 65 mg (one 65 mg tablet OR 1 mL of solution). Children who are adult size (greater than or equal to 150 pounds) should take the full adult dose, regardless of their age.
- Infants and children between 1 month and 3 years of age should take 32 mg ($\frac{1}{2}$ of a 65 mg tablet OR $\frac{1}{2}$ mL of solution). This dose is for both nursing and non-nursing infants and children.
- Newborns from birth to 1 month of age should be given 16 mg ($\frac{1}{4}$ of a 65 mg tablet or $\frac{1}{4}$ mL of solution). This dose is for both nursing and non-nursing newborn infants.

Is there anyone who shouldn't take KI?

Yes. You shouldn't take KI if you've been told that you are allergic to iodine. People with goiters or autoimmune conditions should ask their doctor before taking KI. Few people are allergic to KI. However, if you are taking KI and you experience symptoms such as fever and joint pains, swelling of parts of the face and body or shortness of breath, stop taking it and seek medical care. For most people, KI will provide valuable protection of the thyroid from radioactive iodine with no discernible effects. If you are taking KI and you have concerns about it, call your doctor, if possible, or your public health department.

Questions about health effects from KI may be directed to the Minnesota Department of Health, 651-201-4545.

**Potassium Iodide
Parent/Guardian Informed Consent Form**

Reason for Taking Potassium Iodide

In the case of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine will be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by mouth, potassium iodide (KI) floods the thyroid with non-radioactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium iodide needs to be given before or shortly after exposure to radiation. Potassium iodide works only to prevent the thyroid from absorbing radioactive iodine.

Potential Side Effects of Potassium Iodide

It is possible to experience **any or all** of the following side effects when taking Potassium Iodide:

- ◆ Upset stomach
- ◆ Rash
- ◆ Allergic reaction

Risks of Taking Potassium Iodide

Taking Potassium Iodide is safe for most people. Potassium Iodide **should not be taken** if someone:

- ◆ Is allergic to iodine
- ◆ Has Graves Disease
- ◆ Has any other thyroid illness
- ◆ Takes thyroid medication

Administration of Potassium Iodide

Potassium Iodide will **only be given**:

- ◆ In the case of a radiological emergency
- ◆ If it is recommended by public health officials
- ◆ If a parent/guardian signs a consent form for a child

Informed Consent

Child's Name _____ Grade _____

Child's Date of Birth _____

Parent/Guardian Name _____

Address _____

Telephone Number _____

_____ **I consent to have the school nurse, or his/her designee, administer Potassium Iodide to my child**

_____ **I do NOT consent to have the school nurse, or his/her designee, administer Potassium Iodide to my child and understand that KI will not be given to my child in the event of a radiological emergency.**

Parent/Guardian Signature _____ **Date** _____

Child Care Transportation Request Form

School District Transportation Policy: To and From Child Care Site

Transportation services to and from a Day Care Provider will be allowed under the following guidelines:

1. The Day Care Provider must live within the district bus route area.
2. The child must be dropped off at the same location 5 days a week.
3. Arrangements must be made through the bus company assigned to carry the child to and from school. Only written requests will be honored. The written requests will be kept on file at the bus company.

If you are requesting transportation to a daycare for your child and you meet the qualifications above, please completely fill in the information below. It is expected that the commitment for transportation to a daycare will be for the school term.

Please take your child to meet the daycare provider prior to the first day of being transported there, so the child will recognize the house and provider. Teach your child to recognize the bus stop where he/she will get on or off and how to walk to the house from the stop.

M & M BUS COMPANY
FAX # 274-8027

Student Information

Students Name _____	Grade _____	Parent's Name _____
Address _____	Home Phone Number _____	
Pick Up Student @	Home _____	Daycare _____
Drop Student @	Home _____	Daycare _____

Daycare Information

Name of Daycare Provider _____	Beginning Date _____	Ending Date _____
Address of Daycare Provider _____	Daycare Provider Phone Number _____	

I do hereby agree to save the School District and Bus Company harmless for any damage resulting from its granting this request.

Signed _____
Parent/Guardian



Welcome new families!

The name of our Facebook for Maple Lake Schools is **Maple Lake Schools ISD 881 Home of Irish Pride.**

Teachers submit photos to appear on the Facebook page, but no names are listed. Please complete the bottom portion of this page if you **DO NOT** wish to have your child included in any photos on our Facebook page and return it to one of the school offices. A form not returned will mean the district may use your child’s photos. This notice is for the duration my child(ren) are in Maple Lake Schools.

Please **DO NOT** post any photos of my child(ren) on the Maple Lake School District Facebook page. This includes photos from classroom activities, field trips, sports, and any other school event. The names/grades of my child(ren) are:

Name/Grade

_____ / _____
_____ / _____
_____ / _____
_____ / _____
_____ / _____
_____ / _____

Parent signature/date _____ / _____