

## **POTASSIUM IODIDE (KI) PILL DISTRIBUTION INFORMED CONSENT FOR THE SECONDARY ZONE**

### **PURPOSE**

The purpose of this program is to ensure that residents within the secondary zone of the nuclear plant are able to stock Potassium Iodide (KI) Pills in their home if they so choose.

### **CONFIDENTIALITY**

Any personal information that is collected will remain confidential and will be disclosed only with your permission.

Any identifying information will be stored in our secure electronic database for the duration of the program.

### **PARTICIPATION AND WITHDRAWAL**

If for any reason you no longer wish to store KI pills in your home, or you relocate, please contact the Windsor Essex County Health Unit (WECHU) to withdraw from the program and return your KI Pill Kit.

### **CONSENT OF PROGRAM PARTICIPANT**

As a program participant I consent to receive one free package of KI pills which contains 20 pills.

I understand that:

- The information provided for the program can be found in the KI Pill Information Package.
- The WECHU is not responsible for any damage done to the KI Pills as a result of inappropriate storage of the KI Pill Kit.
- Taking KI Pills in the unlikely event of a nuclear release will not completely eliminate my risk of thyroid cancer or any other negative effects associated with a nuclear release.
- If I have questions I can call the KI Hotline or contact [www.wechu.org](http://www.wechu.org).
- I may be contacted by the WECHU in the future.

**RESIDENT NAME:** \_\_\_\_\_

**RESIDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RESIDENT EMAIL ADDRESS:** \_\_\_\_\_