



Bethesda Child Development Center

116 East Main Street

Middletown, Delaware 19709

(302) 378-8435 / (302) 378-7613 Fax

POTASSIUM IODIDE CONSENT

CHILD'S NAME _____

- YES:** In the event of a Nuclear Emergency and my child is at school (day care) I give permission for my child (named above) to be given a Potassium Iodide tablet, if instructions to administer are given to Bethesda Child Development Center by a public health official.
- NO:** I do not want my child to be given a Potassium Iodide tablet in the event of a Nuclear Emergency.

***Those with a known or suspected allergy to iodine and/or rare disorders such as dermatitis herpetiformis or hypocomplementemic vasculitis should consult with their doctor and may decide not to receive KI.*

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PARENTS RIGHT TO KNOW NOTICE

Under the Delaware Code you are entitled to inspect, at any time, the active record and complaint files of any licensed child care facility. To review a child care facility record contact:

Ms. Ellen Linen, Office of Child Care Licensing, 4417 Lancaster Pike, Building #18,
Wilmington, DE 19805, 302-892-5800

You may also view substantiated complaints and compliance review histories for the past three years by visiting: <http://www.apex01.kids.delaware.gov:7777/occl/>

I acknowledge that I received notice of a Parents Right to Know as part of the application packet of materials from Bethesda Child Development Center.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

TV-VIDEO PERMISSION

I hereby grant my child _____ to view appropriate educational materials.

- Viewing will not exceed more than one hour per day.
- All video choices will be in relation to current lesson themes
- All video choices will have a rating of "G"

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____