



# Project Oceanology

1084 Shennecossett Road, Groton, CT 06340  
P. 860-445-9007 F. 860-449-8008 www.oceanology.org  
ProjectO@oceanology.org



## Summer Camp 2012

<b>Application Check List:</b>	
	STUDENT REGISTRATION (3 pages)*
	ENROLLMENT CONDITIONS*
	STUDENT ESSAY RESPONSE*
	RECOMMENDATION LETTER FROM TEACHER*
	**HEALTH EXAM AND IMMUNIZATION RECORD (1 form, 1 information page)
	**AUTHORIZATION FOR THE SELF-ADMINISTRATION OF MEDICATIONS (fill out 1 form for each medication)
	**EMERGENCY HEALTH CARE PLAN (only required for participants with an Epi-Pen®)
	RELEASE CONSENT AND PERMISSION FOR EMERGENCY MEDICAL AND SURGICAL CARE
	TRANSPORTATION CONSENT
	POTASSIUM IODIDE (KI) AUTHORIZATION (1 form, 2 information pages)

**All forms require original signatures.**

**\*\*These forms require a physician's signature(s).**

### 2012 Funding Details:

A funding request to the CT Dept. of Education-Bureau of Choice Programs has been submitted which would provide tuition for participants that attend Connecticut public schools; expected award notification is not before June 1, 2012. If funding is not received, tuition fees will be due based on the program you are applying for.

**Student Selection Criteria:** Student selection parameters are in part outlined by the grant-funding source. Due to the large amount of applications received, submitting a complete application as soon as possible provides your child with the best chance of being selected. However, the submission of application materials does not guarantee camp acceptance.

**\*Student Registration** (3 pages), **Recommendation Letter From Teacher**, **Student Essay Response** and **Enrollment Conditions** are required for application consideration. Partial applications are not considered.

All other forms are due prior to the first day of camp.

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## Student Registration (page 1)

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Applicant lives with, (check one):

<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Guardian(s)
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Is the student bilingual, (check one)?

<input type="checkbox"/>	Yes	If yes, what language other than English?	_____
<input type="checkbox"/>	No		

Race – (OPTIONAL: helpful for grant funding, check one):

<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Black (Non Hispanic)
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	White	<input type="checkbox"/>	Other

### Parent/Guardian contact information:

Ms/Mrs/Mr/Guardian \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
(If different from student) Street/P.O. Box

City State Zip

Home (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Ms/Mrs/Mr/Guardian \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
(If different from student) Street/P.O. Box

City State Zip

Home (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

In an **EMERGENCY** if a parent/guardian cannot be reached, please contact:

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### School Info:

Student's School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

District: \_\_\_\_\_

Grade completed as of **June 2012**: \_\_\_\_\_

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## Student Registration (page 2)

Please check off the session you are applying for and within each camp program, number in order of scheduling preference:

√	#	Grade Level	Ocean Camp Tuition \$650	Camp Session
		9-12	6/24-6/29	1
		7-8	7/1-7/6	2
		5-6	7/8-7/13	3
		7-8	7/15-7/20	4
		9-12	7/22-7/27	5
		7-8	7/29-8/3	6
		7-8	8/5-8/10	7
		5-6	8/12-8/17	8
√	#	Grade Level	Summer Marine Studies Tuition \$1,500	Camp Session
		7-12	6/25-7/13	1
		7-12	7/16-7/27	2
		7-12	7/30-8/17	3
√	#	Grade Level	Ocean Explorer Academy Tuition \$400	Camp Session
		4-6	7/16-7/20	1
		4-6	7/23-7/27	2
		4-6	7/30-8/3	3
		4-6	8/6-8/10	4
		4-6	8/13-8/17	5
√	#	Grade Level	Ocean Diversity Institute Tuition \$N/A	Camp Session
		8-12	6/24-7/20	1
		8-12	7/22-8/17	2

**Ocean Camp** is a week-long residential camp program for students who have completed grade 5 through grade 12. Camp starts Sunday at 4:00 and ends Friday at 3:00. **This camp is not grant funded.**

**Summer Marine Studies** is made up of two three-week sessions and one two-week session. This is a non-residential day program from 8:30-4:30 M-F.

**Ocean Explorer Academy** is a week-long non-residential program for students who have completed grade 4 through grade 6. Camp begins at 9:00 and ends at 3:30 M-F.

**Ocean Diversity Institute** is a four week-long residential program for Connecticut students who have completed grade 8 through grade 12. If this program is not grant funded it will not operate. Camp starts Sunday at 5:00 and ends Fridays at 3:30.

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## Student Registration (page 3)

How did you learn of the program? \_\_\_\_\_

\*\*\*\*\*

### OceanCamp & Ocean Diversity Institute ONLY:

I would like to share a room with (please indicate friend's name) \_\_\_\_\_

\*\*\*\*\*

### Required for Ocean Diversity Institute, Summer Marine Studies & Ocean Explorer students ONLY:

IF FUNDED~Does the student require transportation in order to attend? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*\*\*\*

### All applicants:

T-Shirt Size (Adult sizes)    \_\_\_Small    \_\_\_Medium    \_\_\_Large    \_\_\_X-Large

### Tuition Rates and Payment Information:

*Ocean Camp & Out-of-State applicants:* A \$300 deposit is due with the registration application. Remaining tuition fees are due upon your receipt of an acceptance letter from Project Oceanology. Students with an outstanding tuition balance will be unable to attend camp until the tuition fee is paid in full.

We accept Cash, Visa, MasterCard, Discover, Check and Money Orders as forms of payment.

**ATTENTION** ~ Ocean Diversity Institute will not run if funding is not received. We will notify you of funding status as soon as we hear from the State of Connecticut. If funding is not received, you will be given the opportunity to enroll in Ocean Camp at tuition cost of \$650. A limited number of spaces are expected to be available; enrollment for Ocean Camp is on a first come, first serve basis. Withdrawal from Ocean Camp for any reason will result in a forfeit of the \$300 deposit.

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## Enrollment Conditions

### **Filing an application implies understanding and agreement by both participants and parents/guardians of our policies on the following:**

1. The camper and parents agree to abide by the rules and regulations set by Project Oceanology for the health, safety and welfare of all participants.
2. Participants should have a genuine interest in learning about the marine environment, meeting new people, and working with and when applicable living with other students.
3. Project Oceanology is not responsible for articles of clothing or personal belongings lost or damaged by any means. We strongly recommend that students do not bring valuables, such as expensive watches, cameras, radios, and cell phones to camp.
4. We feel that there are a few areas that involve participant behavior where we as an organization, you as parent(s) and the camper must all agree to abide by:
  - \*Project Oceanology does not allow any participant to smoke cigarettes or use any tobacco products. Unlawful alcoholic beverages, narcotics, or hallucinogens in possession or in use at Project Oceanology is strictly prohibited. Failure to comply or involvement in these activities subjects a participant to immediate dismissal.
  - \*Coed social relationships are restricted to supervised programs and/or during camp free time in supervised areas. Failure to comply may result in the involved participants being sent home.
  - \*Residential programs: Campers must remain in their bunkrooms after "Lights Out". Failure to do so could result in participant dismissal.
5. We anticipate that participants will respect and conform to camp regulations. However, we reserve the right to dismiss any camper whose action, behavior, attitude, or influence is unsatisfactory or, is in the opinion of the camp director, not in the best interest of the camp. In the event of such dismissal, there shall be no refund of any part of the camp tuition. Parents will be responsible for any extra costs incurred such as travel and chaperone arrangements.
6. During camp sessions, students may be transported to nearby educational institutions.
7. Photo release: By signing, the minor student's parent or guardian allows Project Oceanology to photograph and/or video tape the student/child for promotional and commercial purposes.
8. All applicants must submit a letter of recommendation from either a teacher/educator or community leader in order to be considered for enrollment. The recommendation letter should be a general statement regarding the student's interests or accomplishments/educational benefits anticipated from attending camp.
9. All applications must submit Student Essay Responses in order to be considered for enrollment.

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### **I (we) have read, discussed with my son/daughter, understand and agree to all the conditions of enrollment.**

I give my full permission for my son/daughter to attend camp and to participate in all activities. I expect my child to abide by all health and safety measures and standards of conduct set by Project Oceanology.

I understand that tuition fees, if applicable, are due upon my receipt of an acceptance notification letter and that my son/daughter will be unable to attend camp until the tuition fee has been paid in full. I also understand and agree that no refund of the tuition will be made except on written notice from a physician received by Project Oceanology five (5) days prior to the opening date of the session. Once written notice is on file, tuition fees will be refunded. Students who choose to withdraw prior to the end of camp and students who are dismissed from camp will not receive a refund of any portion of the tuition paid.

Neither party shall have any liability to the other for failure to perform or for any cancellation in connection with performance of any obligation hereunder, if such a failure or cancellation is due to or in any manner caused by the laws, regulations, acts, demands, orders, or interposition of any government or any subdivision or agent thereof or by acts of God, strikes, fire, flood, weather, war, rebellion, insurrection or any other causes beyond the control of either party whether similar or dissimilar to the foregoing. The parties agree that the venue for any action arising out of or related to this contract shall be in New London County, Connecticut.

\_\_\_\_\_  
Signature of Mother/Guardian\*

\_\_\_\_\_  
Signature of Father/Guardian\*

\_\_\_\_\_  
Signature of Participant\*

\_\_\_\_\_  
Date

The signatures of at least one Parent/Guardian and the camper are required

\*Original signature(s) required.



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## Health Exam and Immunization Record

Physical Exams Are Valid For 3 Years From Date of Last Examination

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Anticipated dates of attendance at Project Oceanology: \_\_\_\_\_

Parent/Guardian (if participant is under 18 years of age) \_\_\_\_\_

Preferred Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

### To be completed by a medical practitioner:

**Date of Exam** \_\_\_\_\_

\_\_\_\_\_ may participate in all activities

\_\_\_\_\_ may participate *except* for \_\_\_\_\_

Medical information pertinent to routine care and emergencies \_\_\_\_\_

*Is this individual taking prescription medication?* \_\_\_ YES \_\_\_ NO

*If yes, indicate prescription & complete 1 Med. Admin. Form per medication to be taken during camp hours:*

*Does the individual have allergies?* \_\_\_ NO \_\_\_ YES & Explain \_\_\_\_\_

*Is the individual on a special diet?* \_\_\_ NO \_\_\_ YES & Explain \_\_\_\_\_

This individual is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: \_\_\_\_\_

**Print name of medical care provider** \_\_\_\_\_

Medical care provider's address \_\_\_\_\_

Medical care provider's City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

**Signature of Physician, APRN or PA\***

**Telephone Number**

**Date**

\*Original signature(s) required.

## CONNECTICUT IMMUNIZATION SCHEDULE

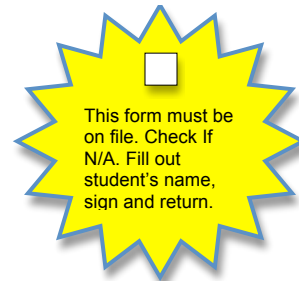
CHILD'S AGE	IMMUNIZATIONS
Birth - 2 months	Hep B #1 (hepatitis B)
1-4 months	Hep B #2 - at least 1 month after Hep B # 1
2 months	DTaP/DT #1 (diphtheria, tetanus and acellular pertussis), IPV #1 (polio), Hib #1, (Haemophilus influenza type b), PCV #1 (Pneumococcal Con jugate- recommended, not required)
4 months	DTaP/DT #2, IPV #2, Hib #2 PCV #2 (recommended not required)
6 months	DTaP/DT #3, PCV #3 (recommended not required)
6-18 months	Hep B #3, IPV #3 (recommended but not required)
12-15 months	Hib #4, MMR #1 (measles, mumps and rubella), PCV #4 (recommended but not required)
12-18 months	Varicella (chickenpox vaccine) for children born after December 31, 1996.
15-18 months	DTaP/DT #4
Before starting school 4-6 years	DTaP/Hib may be combined as TriHibit DTaP/DT #5, IPV #4, MMR #2
11-12 years	Varicella (if your child has not had the chickenpox shot, and has never had chickenpox)-Immunity to varicella is required for entry into 7th grade, Hep B (if your child has not had the hepatitis B shots )-1 dose of Hepatitis B is required for entry into 7th grade, MMR #2 - A second dose of measles is required for entry into 7th grade.
11-16 years	Td (tetanus, diphtheria)

Required Immunizations- Must be given by the end of the stated months of life listed under "Child's Age". For example, immunizations required for two months must be given prior to the child turning three months in order for the child to continue in the program.

***Parents who choose to NOT have their child immunized for medical/religious reasons must contact Project Oceanology prior to the start of camp.***

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## Authorization for the Self-Administration of Medications (1 form per medication if required)

Project Oceanology chooses to have participants self-administer medications under the supervision of trained staff and in accordance with CT State Laws. Connecticut State Law and Regulations for Youth Camps require a physician's or dentist's written order and parent/guardian's authorization for the participant to self-administer medications. **Project Oceanology retains possession of all medication until such time as it is needed.**

Medications must be in pharmacy-prepared containers and labeled with the name of the patient, name of the drug, strength, dosage, frequency, physician's or dentist's name and date of the original prescription.

Over-the-counter medication must be in the original container and labeled with the student's name.

### Physician or Dentist's Order:

Date: \_\_\_/\_\_\_/\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_  
Street/P.O. Box City State Zip

Condition for which drug is being administered during camp hours \_\_\_\_\_

### **DRUG, (One form is required for each medication):**

Name of Medication, Dose and Method of Administration \_\_\_\_\_

Times of Administration: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Medication shall be administered from: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

If there are side effects, plan for management: \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ YES \_\_\_\_\_ NO

Known allergies to food or drugs? If YES, list \_\_\_\_\_

**Note to physician:** *If this medication is an EpiPen®, please also complete and sign "Emergency Health Care Plan" form*

Physician's Signature \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street/P.O. Box City State Zip

### **Parent/Guardian authorization for the self-administration of the above medication:**

Date: \_\_\_/\_\_\_/\_\_\_

To Project Oceanology:

I hereby request that the above medication ordered by the physician/dentist for my child, \_\_\_\_\_, be self-administered by my child. I understand that I must supply Project Oceanology with the prescribed medication in the original container properly labeled by a physician or pharmacist. Over-the-counter medication shall be in the original container labeled by me with the child's name. I understand that this medication will be destroyed if it is not picked up within one (1) week following the last day of camp.

\_\_\_\_\_  
Parent/guardian name (print)

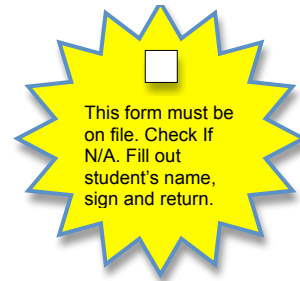
\_\_\_\_\_  
Parent/guardian signature\*

\_\_\_\_\_  
Date

\*Original signature(s) required.

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## **Emergency Health Care Plan** **(Only required for EpiPen® prescriptions)**

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Allergy to: \_\_\_\_\_

Prescribing Medical Care Provider: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

History of Asthma     yes (high risk for severe reaction)     no

### **Signs of an allergic reaction include:**

#### **Systems**

#### **Symptoms**

**MOUTH**

Itching & swelling of lips, tongue, or mouth

**\*THROAT**

Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough

**SKIN**

Hives, itchy rash and/or swelling about the face or extremities

**GUT**

Nausea, abdominal cramps, vomiting and/or diarrhea

**\*LUNG**

Shortness of breath, repetitive coughing, and/or wheezing

**\*HEART**

“Thready” pulse, “passing-out”

**\*All above symptoms can potentially progress to a life-threatening situation!**

**The severity of symptoms can quickly change.**

### **ACTION:**

**If ingestion or insect sting is seen or suspected:** (prescriber should number in order all appropriate actions)

\_\_\_\_ Observe for severe symptoms

\_\_\_\_ Administer EpiPen® before symptoms occur

\_\_\_\_ Administer EpiPen® if symptoms occur

\_\_\_\_ Administer Benadryl® (dose) \_\_\_\_\_ or Atarax® (dose) \_\_\_\_\_

\_\_\_\_ Call 911 (and request a paramedic) and transport to ER if symptoms occur

\_\_\_\_ Call 911 (and request a paramedic) and transport to ER if EpiPen® given

**DO NOT HESITATE TO ADMINISTER MEDICATION AND CALL 911  
EVEN IF PARENTS OR PRESCRIBER CANNOT BE REACHED!**

\_\_\_\_\_  
**Prescribers Signature MD/APRN/PS\***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Parent/guardian name (print)

\_\_\_\_\_  
Parent/guardian signature\*

\_\_\_\_\_  
Date

\*Original signature(s) required

### **EMERGENCY CONTACT**

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3. \_\_\_\_\_ Relation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**For patients with multiple allergies requiring an EpiPen®, use one form for each allergen**

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## Release Consent and Permission for Emergency Medical and Surgical Care

Name of Participant \_\_\_\_\_

Name of 1<sup>st</sup> Camp Program \_\_\_\_\_ Camp Session \_\_\_\_\_ Dates \_\_\_\_\_

Name of 2<sup>nd</sup> Camp Program \_\_\_\_\_ Camp Session \_\_\_\_\_ Dates \_\_\_\_\_

In consideration of my child, \_\_\_\_\_, receiving permission to take part in Project Oceanology's camp program, I have read the information describing the program and I understand that the program involves vigorous activities on the boats, in the sun, and in and near the water.

I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by a CPR and FA certified staff member(s) is authorized. I understand that this medical treatment may include the application of sunscreen, ointment, and other such topical applications.

Such permission by the undersigned hereby releases Project Oceanology, its agents, officers, servants, employees, and volunteers of and from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by said child, or any property of said child and each of the undersigned while taking part in this camp.

Furthermore, if my child, \_\_\_\_\_, is in need of emergency medical and/or surgical care I hereby grant my permission to allow medical personnel, physicians and surgeons, first aid stations, medical clinics, and hospitals to provide diagnostic procedures, hospital care, and such medical, clinical, or x-ray treatment as any attending physicians, first responders, medical clinic or hospital personnel deem is necessary in their judgment.

I further consent to the administration of anesthesia and to the use of such anesthesia as may be deemed desirable.

This release shall be binding upon the heirs, executors, administrators and assigns of the undersigned. The undersigned has read the forgoing release, understands it, and signs it voluntarily.

\_\_\_\_\_  
Parent/guardian name (print)

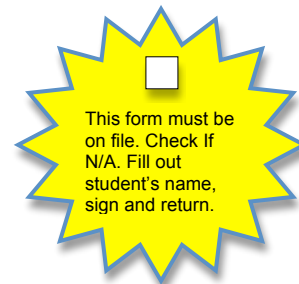
\_\_\_\_\_  
Parent/guardian signature\*

\_\_\_\_\_  
Date

\*Original signature(s) required.

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## Transportation Consent

If anyone *other than* a parent/guardian is transporting your son/daughter to/from camp, please complete this section of this form. List every person authorized to transport your child. Attach a separate sheet with details if necessary.

\_\_\_\_ I **grant permission** for \_\_\_\_\_ to be transported by the following individuals:  
(participant's name)

Name of person(s):	Relationship to child:
_____	_____
_____	_____
_____	_____

The following people **do not have permission** to transport my child:

Name of person(s):  
\_\_\_\_\_  
\_\_\_\_\_

If your son/daughter has transportation to/from camp that does not require an adult (e.g. driving/walking self, student carpool, public transportation), please complete this section of this form. Please attach a separate sheet detailing the expected means of transportation and route.

\_\_\_\_ I **grant permission** for \_\_\_\_\_ to arrive at and leave camp on his/her own, without  
(participant's name)  
adult supervision. I understand that by letting my child sign him/herself in and out of the program, I release Project Oceanology and its officers, trustees, employees and agents from any liability and responsibility whatsoever prior to my child's arrival and after his/her departure from camp and any subsequent activity.

\_\_\_\_ Throughout the duration of the program (*Summer Marine Studies campers only*)

\_\_\_\_ Dates to which this permission applies (*Ocean Camp & ODI campers only*):

Arrival: \_\_\_\_\_

Departure: \_\_\_\_\_

(note that unless otherwise agreed between the camp director and the parent/guardian, Ocean Camp & ODI campers will not be allowed to depart Project Oceanology while camp is in session)

\_\_\_\_\_  
Parent/guardian name (print)

\_\_\_\_\_  
Parent/guardian signature\*

\_\_\_\_\_  
Date

\*Original signature(s) required.

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January 2012

Dear Parent,

The State of Connecticut Department of Public Health requires that all youth camp facilities located within a 10-mile radius of Millstone Power Station in Waterford, CT receive from each parent/guardian a Potassium Iodide (KI) Child Medication Authorization Form for each enrolled child.

KI has been given to all those located within the Millstone Emergency Planning Zone (EPZ) which is defined as those being within a 10-mile radius of Millstone. This distribution includes all homeowners, businesses, schools and other community organizations. Project Oceanology has received a stockpile of KI sufficient for all staff and students in the unlikely event of a nuclear emergency.

Potassium Iodide (KI) is a form of iodine. KI helps protect your thyroid gland when there is a chance you might be exposed to a harmful amount of radioactive iodine. In the rare event of a nuclear emergency Project Oceanology will be instructed by the Emergency Alert System (AES) if KI should be administered to those children whose parents permit the taking of KI. Once KI has been administered the evacuation of the facility will then take place.

In the unlikely event of an evacuation, the State of Connecticut has preplanned routes for each city. Groton would be evacuated to either Three Rivers Community Technical College or to Kelly Middle School. Both evacuation locations are in Norwich, CT.

During an evacuation, Project Oceanology staff will have each student's emergency contact information as well as the Medication Authorization form. All Project Oceanology staff are trained to handle emergency situations and would make every effort to contact each students' parent /guardian.

The distribution of Potassium Iodide shall be given to children under the age of eighteen only under the following circumstances:

- ~The Governor declares a nuclear emergency, **and**
- ~ Individuals in a specified area, that includes this facility, are advised by the Emergency Alert System (AES) to take the Potassium Iodide (KI) tablets, **and**
- ~Written permission is on file at the facility from the child's parent/guardian allowing the child to receive Potassium Iodide at the facility during a declared nuclear emergency, **and**
- ~ Parents have been advised in writing by the facility that the ingestion of Potassium Iodide (KI) is voluntary

Enclosed is a **Potassium Iodide (KI) Fact Sheet** and the **Potassium Iodide (KI) Medication Authorization** form. You may wish to consult with your medical care provider to verify that your child is not allergic to iodine and to answer any other questions you may have about this non-prescription medication.

The safety of each visitor to Project Oceanology is of utmost importance to us; your attention to this form will assist us to ensure the safety of your child. *Please carefully review the fact sheet, sign the authorization form as you see fit, and return it to us with your child's application.* We must have a signed authorization form indicating either yes or no to the distribution of KI to allow your child to participate in programming.

We are happy to answer any questions regarding our procedures for the administration of KI and evacuation of the area.

Sincerely,

H. Thaxter Tewksbury, Director

Information regarding the distribution of Potassium Iodide (KI) can be found on the Connecticut Department of Public Health KI web site [http://www.dph.state.ct.gov/brs/eoha/ki/ki\\_home](http://www.dph.state.ct.gov/brs/eoha/ki/ki_home).

## **Potassium Iodide (KI) Fact Sheet**

The State of Connecticut is making Potassium Iodide tablets (KI) available to child care facilities and youth camps within the 10-mile emergency-planning-zone around Millstone Power Station in Waterford, CT. KI is a form of iodine. It helps to protect the thyroid gland when there is a chance of exposure to a harmful amount of radioactive iodine.

In the rare event of a nuclear emergency, the facility will be directed when to administer KI through the Emergency Alert System (EAS) broadcast over local television and radio stations. Children and young adults under 20 years of age will benefit most from KI. Children in child care and youth camps are of the age most likely to suffer the effects of radioactive iodine.

Your childcare program or youth camp must obtain your written consent in order to administer KI pills to your child/children. Such documentation must be kept at the facility.

Please remember that the administration of KI to your child under these emergency conditions is voluntary.

### **Contraindications:**

- »Your child should not take Potassium Iodide if he/she is allergic to iodine.
- »Your child should not take Potassium Iodide if he/she has chronic hives.
- »Although a single tablet of KI should be tolerated by most people some (particularly adults), with a number of rare diseases and conditions should discuss this issue with their physicians. These conditions include:
  - Hypocomplementemic vasculitis, possibly as a component of lupus or chronic hives,
  - Autoimmune thyroid disease, such as Graves disease
  - Other conditions such as renal disease may become a problem with multiple doses of KI, but would not be a problem with a single dose.

**Potential side Effects:** *Please consult with your pediatrician if your child experiences any of these side effects:*

- »Minor upset stomach
- » Rash

### **Dosage Recommendations:**

Connecticut follows the Food and Drug Administration (FDA) recommended dosage during an emergency:

- 1 pill (130 mg) given to a child 1 year and older.
- 1/2 pill (65 mg) given to a child under 1 year.

Pills can be given either whole or mixed with food or liquid.  
One dose of KI provides 24-hours of thyroid protection.

# Project Oceanology

1084 Shennecossett Road, Groton, CT 06340  
P. 860-445-9007 F. 860-449-8008 www.oceanology.org

## Potassium Iodide (KI) Medication Authorization

Please complete a separate form for each participant. It is suggested that you consult with a medical care provider before completing this form.

Name of participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian (if participant is under 18 years old): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Alternative Telephone: (\_\_\_\_) \_\_\_\_\_

Emergency contact (if participant is 18 years or older): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Alternative Telephone: (\_\_\_\_) \_\_\_\_\_

Medical Care Provider: \_\_\_\_\_

Medical Care Provider Telephone: (\_\_\_\_) \_\_\_\_\_

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Indicate your **authorization** or **refusal** by marking the appropriate line below:

\_\_\_\_\_ **YES**, I want the above named participant to be administered Potassium Iodide (KI) by Project Oceanology when:

The Governor declares a nuclear emergency, **and**

Individuals in specified area, that includes this facility, are advised by the Emergency Alert System (AES) to take the Potassium Iodide (KI) tablets **and**

I understand that the ingestion of Potassium Iodide (KI) under these circumstances is **voluntary**.

\_\_\_\_\_ **NO**, I do **NOT** want the above named participant to be administered Potassium Iodide (KI) by Project Oceanology in the event of a nuclear emergency.

I have been advised in writing by Project Oceanology about the contraindications and the potential side effects of taking Potassium Iodide (KI).

I understand that it is my responsibility to notify Project Oceanology in writing if I desire to change this authorization.

\_\_\_\_\_  
Parent/guardian name (print)

\_\_\_\_\_  
Parent/guardian signature\*

\_\_\_\_\_  
Date

\*Original signature(s) required