

Authorization for Self-carry/Administration of Epinephrine Auto-injector During and After School Sponsored Activities

Florida Statutes, Section 1002.20 House Bill (HB) 279 "Kelsey Ryan Act" specifies that a public school student who has life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer epinephrine by auto-injector while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician written authorization. The school principal shall be provided with a copy of the parent/physician's approval.

Student	DOB	Grade
School		_
Medication: Epinephrine Auto-Injector	Dose	Administer by: Auto-Injection
Diagnosis	Other	
Health condition signs/symptoms to identify		
Duration (dates) of Administration: From	to(Limit:	One year).
I request that my child be allowed to carry/se responsible for its proper storage and use. It must be in the original pharmacy container, I agreement and if she/he does not, I will be contained.	ake responsibility for this p labeled with name of studer	ermission. I understand that this medication at. I will support my child to follow the above
Parent/Guardian D	ate	Daytime Telephone Number
I agree to terms of this contract. I will keep re this medication with others, and will notify s		
Student	_	Date
I authorize this student to carry/self-administ signs/symptoms of anaphylaxis and how to c	ter the above medication. He correctly use the auto-injector	e/she has been trained to recognize or by me and/or my office staff.
Physician's Name/Stamp		
Physician's Signature		Date
Extra epinephrine auto-injector in Clinic/Hea	alth Room Original i	n Clinic/Health Room Copy to Student