



FOUNDATION ACADEMY

BUILDING A FOUNDATION FOR LIFE

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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/self-administer his/her Epinephrine Auto Injector medication and be responsible for its proper storage and use. I take responsibility for this permission. I understand that this medication must be in the original pharmacy container, labeled with name of student. I will support my child to follow the above agreement and if she/he does not, I will be contacted and we will develop a new plan.

Parent/Guardian Date Daytime Telephone Number

I agree to terms of this contract. I will keep my Epinephrine auto injector medication in agreed location, will not share this medication with others, and will notify school authorities that I need to administer the medication.

Student Date

I authorize this student to carry/self-administer the above medication. He/she has been trained to recognize signs/symptoms of anaphylaxis and how to correctly use the auto-injector by me and/or my office staff.

Physician’s Name/Stamp

Physician’s Signature

Date