

BEE-STING ALLERGY ACTION PLAN

Student's Name: _____ Date of Birth: _____

Grade: _____ Home Room Teacher: _____

Symptoms of student's allergic response (check all that apply):

- Hives, itchy rash, swelling of face or extremities
- Swelling at site (describe) _____
- Severe pain at site of sting
- Itching, tingling or swelling of lips, tongue, mouth
- Red, itchy, watery eyes
- Shortness of breath, repetitive coughing, wheezing
- Other (describe) _____

PROCEDURE FOR BEE STINGS

- If student has a known allergy to stings, notify parent immediately using Emergency Medical Authorization Form phone numbers; then follow emergency procedure below.
- If stinger is present, scrape it off with stiff paper or card. Do not squeeze to remove.
- Clean area with soap and water.
- Apply ice to the sting area.
- Observe student in office for 5-10 minutes for allergic reaction.
- If no reaction is present after observation time, student may return to class. Classroom teacher should be notified that student was stung as delayed reactions are possible.

◆ EMERGENCY PROCEDURE/TREATMENT FOR ALLERGIC STUDENTS ◆

Please check the appropriate treatment for your child should he/she be stung at school:

ANTIHISTAMINE: Give _____ immediately to my child if stung.
Medication/dose/route

EPINEPHRINE Inject intramuscularly circle one: EpiPen, EpiPen Jr. Twinject 0.3mg Twinject 0.15mg

Special instructions: _____

I authorize school personnel to implement this management and emergency plan as described above.

Parent/Guardian Signature

Date

Physician Signature

Date