

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) _____

Does your child have an Epi-Pen or Twinject at school? _____ Yes _____ No
If yes, where kept at school? _____

◆ ROUTINE BEE-STING PROCEDURE FOR ALL STUDENTS ◆

- Check Student Health Concern list to see if student is allergic to 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 FOR ALLERGIC STUDENTS ◆

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

- Use the above Routine Bee-Sting Procedure ONLY
- Use the above Routine Bee-Sting Procedure, but ALSO give Benadryl.

Give _____ Benadryl tablet(s) immediately to my child if stung.
Number

*****NOTE: Parent will need to take child home if Benadryl is administered.**

- Use the above Routine Bee-Sting Procedure, but ALSO immediately administer Epi-Pen Injection as ordered by physician. Prescription medication authorization form for Epi-Pen must be on file at school. **911 is always called if Epi-Pen is administered.**

Special instructions: _____

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

Parent/Guardian Signature

Date