

BEE-STING ALLERGY ACTION PLAN

This child's records indicate that this child has a bee-sting allergy.

Student's Name: _____ Grade: _____

Date of Birth: _____ Home Room Teacher: _____

Parent/Guardian's Name _____

Home: _____ Cell: _____ Work: _____

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) _____

ROUTINE BEE-STING PROCEDURE

- Notify parent/guardian immediately.
- If stinger is present, scrape it off with index card. **Do not squeeze to remove.**
- Clean area with soap and water.
- Apply ice to the sting area.
- Observe for 10 minutes for an allergic reaction.

EMERGENCY BEE-STING PROCEDURE

Please check the appropriate treatment

- _____ Use the above Routine Bee-Sting Procedure **ONLY**.
- _____ Use the above Routine Bee-Sting Procedure **AND** give Benadryl.
If the child is to have Benadryl, please send Benadryl in the original container and the completed physician's order form. **Child will be sent home.**
- _____ Use the above Routine Bee-Sting Procedure **AND** use the Epi-Pen.
If the child is to have an Epi-Pen injection, please send the Epi-Pen and the completed physician's order form. **911 will be called if Epi-Pen is given.**

Special Instructions:

I authorize the school personnel to follow this plan. I will provide the medication and doctor's orders as needed for this plan.

Parent/Guardian Signature

Date