

**BEE STING ALLERGY ACTION PLAN
LAKE LOCAL SCHOOL DISTRICT**

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) _____
- Sever 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. (Benadryl needs to be supplied by parent with Non-Prescription Medication form.)

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

(Usual dose of Benadryl is 1 to 2 tabs for age 6 to 12 yrs. And 2 to 4 tabs for age 12 yrs. or older.)

*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.

Comments/Special instructions: _____

Physician's Signature (required) *Physician's Printed Name* *Date*

Physician's Address *Physician's Phone Number*

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

Parent/Guardian Signature *Date*