

## Bee Sting Allergies & Allergic Reactions Form

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ My child is allergic to Bee Stings

\_\_\_\_\_ My child is allergic to other: \_\_\_\_\_

My child has had these reactions: (Check all that apply)

\_\_\_\_\_ Swelling at the site.

\_\_\_\_\_ Swelling spread beyond the area of the sting.

\_\_\_\_\_ Hives or itching sensation.

\_\_\_\_\_ Rash over entire body.

\_\_\_\_\_ Difficulty breathing, coughing, wheezing or sneezing.

\_\_\_\_\_ Difficulty swallowing, or a choking sensation.

\_\_\_\_\_ Nausea

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ My child's reaction may be life threatening and requires immediate medical attention. Do not wait for symptoms to appear.

1. Call 911
2. If an Epi-Pen is to be administered fill out the consent.
3. Transport to the following hospital: \_\_\_\_\_
4. Contact the following person: \_\_\_\_\_ # \_\_\_\_\_
5. My child's doctor is: \_\_\_\_\_ # \_\_\_\_\_

My child's reaction is not life threatening but the following will need to be done:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I understand that the school will call 911 if any of the following signs or symptoms of a severe allergic reaction/anaphylactic shock should appear:

- Difficulty breathing, coughing, wheezing, sneezing.
- Difficulty swallowing, choking sensation.
- Nausea/Vomiting.
- Feeling of panic.
- Hives or itching sensation.

I certify that the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested by this form.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone # \_\_\_\_\_