

# Howards Grove School District Student Bee Sting Health Action Plan

School Year \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

It is essential that your child's school nurse and school staff have this information in the event your child is stung. Please answer the questions to the best of your ability.

1. Which insect(s) is your child allergic to? \_\_\_\_\_

2. What symptoms does your child experience when stung? (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Coughing                     | <input type="checkbox"/> Sweating                       |
| <input type="checkbox"/> Severe Breathing Difficulty  | <input type="checkbox"/> Dusky Skin Color               |
| <input type="checkbox"/> Severe Abdominal Cramping    | <input type="checkbox"/> Loss of Consciousness          |
| <input type="checkbox"/> Convulsions                  | <input type="checkbox"/> Nausea / Vomiting              |
| <input type="checkbox"/> Sneezing                     | <input type="checkbox"/> Tightness in the Throat        |
| <input type="checkbox"/> Tightness in the Chest       | <input type="checkbox"/> Severe Itching                 |
| <input type="checkbox"/> Burning Rash or Hive on Skin | <input type="checkbox"/> Swollen Face, Tongue and Mouth |
| <input type="checkbox"/> Flushing of Skin             | <input type="checkbox"/> Dizziness                      |
| <input type="checkbox"/> Other (Please explain below) |   |

\_\_\_\_\_

3. Does your child know how to self-administer Epinephrine using an Epi-pen?  Yes  No

4. What measures are taken at home when your child is stung?  
\_\_\_\_\_  
\_\_\_\_\_

5. If your child is given a medication, what is the name, dosage and circumstances under which the medication is given?  
\_\_\_\_\_  
\_\_\_\_\_

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## EMERGENCY CARE FOR BEE STING

1. If student has a known allergy and has an Epi-pen available, inject immediately by following instructions of the Epi-pen.
2. With any of the above symptoms, have "911" called – DO NOT LEAVE STUDENT ALONE.
3. Have family member / emergency contact notified of sting.
4. Remove any embedded stinger with tweezers or scrape off with credit card or similar object. Washing well with soap and water. Apply ice pack to area that was stung.
5. Keep student warm and avoid exertion.

\*I have read and agree that school staff should follow the above procedure in the event that my child is stung at school or at a school-related activity. I understand that I am responsible for having an Epi-pen at the school along with the parental permission form and Physician's instructions in order that school personnel may administer Epinephrine to my child in a timely fashion.

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