

## BEE/WASP STING ALLERGY

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

You have indicated your child has a sting allergy. Please complete the following questions, and return form to health office.

1. Has the swelling been limited to area around the sting? \_\_\_\_\_
2. When was the last sting? \_\_\_\_\_ What was the reaction? \_\_\_\_\_  
\_\_\_\_\_
3. Was medical care necessary when student was stung before? \_\_\_\_\_  
What medical care should be given
  - a. \_\_\_\_\_ Cold compress to area of sting
  - b. \_\_\_\_\_ Oral medications: \_\_\_\_\_
  - c. \_\_\_\_\_ Injections: \_\_\_\_\_
  - d. \_\_\_\_\_ Treatment in doctor's office
  - e. \_\_\_\_\_ Hospitalization
4. Is oral medication kept at home in case of a sting? \_\_\_\_\_
5. Should medication be kept at school? \_\_\_\_\_
6. Has there ever been difficulty breathing as a result of a sting? \_\_\_\_\_
7. Does the reaction require immediate injection medication? \_\_\_\_\_
8. Does the student carry own medication? \_\_\_\_\_

### **IMPORTANT EMERGENCY NUMBERS**

Parent: \_\_\_\_\_ (phone) \_\_\_\_\_

Doctor: \_\_\_\_\_ (phone) \_\_\_\_\_

Hospital: \_\_\_\_\_ (phone) \_\_\_\_\_

In an emergency:        **STAY WITH STUDENT**  
                                  Call/ask someone to call school nurse for an assessment

### **IF YOU SEE THIS:**

If student is stung by a yellow-jacket  
honeybee, wasp, or hornet and has  
difficulty breathing or has hives:

### **DO THIS:**

- \* Administer EPI-PEN/EPI-PEN JR
- \* Call 911-Call parents
- \* Do not give fluids or food

If student is stung, but there is no  
difficulty breathing or has hives:

- \* Accompany student to health room  
observe for symptoms.
- \* Remove stinger if possible, apply  
baking soda and soak, apply ice.
- \* Monitor health status and vitals
- \* Call Parents