

HEALTH CARE PLAN FOR BEE STINGS

Student: _____

Date: _____

* Please check all boxes that apply to your child and their degree of sensitivity to bee stings.

___ 1.) My child has shown slight swelling after a bee sting. He/She needs to be observed carefully in case of bee sting at school, but no special medication is needed at this time.

___ 2.) My child has shown reaction to bee stings and my doctor has recommended the following medications to be given: _____
I will send this medication to be kept at school.

___ 3.) My child is severely allergic to bee stings. My doctor prescribes that a bee sting kit be readily available at school, and I will comply by supplying the school with a kit. (If an injection is needed, the student may be transported to the hospital at parent cost if an ambulance is necessary.)

Symptoms my child may have:

- ___ Immediate swelling at site of sting.
- ___ Hives, rash or flushing of skin over the body.
- ___ Generalized itching (over the whole body).
- ___ Difficulty breathing due to swelling of the airway, throat, etc.
- ___ Abdominal cramps.
- ___ Signs of shock: pale clammy skin, eyes appear glassy, generalized weakness, fainting.

Actions to be taken:

- ___ Apply ice to site of sting.
- ___ Observe student carefully.
- ___ Notify parent.
- ___ Give medication as written above (Please make sure you include the amount you want given.
- ___ If hives or respiratory symptoms occur, use bee sting kit. (Follow instructions on the kit for the correct way to use it.
- ___ Transport to KCH ER for further care- EMS or parent transport. (circle choice)

Contacts: Parents --- Home: _____ Mobile: _____
Work: _____

Doctor: _____ Phone: _____

Parent Signature

Date