

Owatonna Public Schools

Insect Allergy Care Plan

Student Information

Name of Student: _____ Date of Birth: _____

Grade: _____ Homeroom Teacher or Class: _____

Physical Education Days and Times: _____

Describe Condition (for example, symptoms of onset): _____

Please list the type of insect that causes an allergic reaction: _____

Emergency Information

Parent or guardian name (s'): _____

Mother: Telephone (H): _____ (W) _____

Father: Telephone (H): _____ (W) _____

Physician's name: _____ Telephone: _____

In case of emergency, contact:

1. _____ Telephone: _____

2. _____ Telephone: _____

3. _____ Telephone: _____

Emergency Plan

Extreme hypersensitivity to insect stings is a potentially life-threatening condition.

Signs of a severe allergic reaction might include:

- Itching and swelling of the lips, tongue, or mouth; drooling or tingling
- Itching and/or a sense of tightness in the throat
- Hoarseness and/or hacking cough
- Hives, an itchy rash, and/or swelling about the face or extremities
- Shortness of breath
- Nausea, cramps, vomiting or diarrhea

Please discuss with your physician the steps you would like the school to take for your child in the case of an insect bite. If, in the judgement of school personnel, a medical emergency exists, 911 will be called.

List the steps to be taken for an allergic reaction to an insect bite; steps might include giving prescribed medications, calling 911, or calling parents. If an Epi Pen is used, 911 will be called.

1. _____

2. _____

3. _____

Please note, if medication is to be given it must be accompanied by a physicians order and consent from the parents – see enclosed “Medication Request and Authorization” form.

Parent/guardian signature: _____ Date: _____

Reviewed by health office: _____ Date: _____