PLEASE DO NOT WRITE ABOVE THIS LINE - FOR MAGNUS HEALTH USE ONLY

Magnus Health

BEE STING ALLERGY ACTION PLAN

This coversheet is **ONLY** for the form and student listed above
and **MUST BE RECEIVED** for processing.

DO NOT use staples or paperclips!

Please print and complete this form then
submit all pages including this coversheet via:

FAX		MAIL
(877) 447-9530 Outside of the United States? Please fax to (978) 244-8894	-OR-	**Magnus Health Does Not Accept Mailed Forms**

The St. Paul's Schools – Bee Sting Allergy Action Plan

Student's Name: _____Birthdate: _____ Grade: _____

ALLERGY: _____

STEP 1: TREATMENT

SYMPTOMS:	**Give Checked Medication**	
• If bee sting has occurred, but no symptoms:	□ Epipen	□ Benadryl
• **Mouth –** itching, tingling, or lip swelling or Swelling of tongue, mouth	□ Epipen	□ Benadryl
• **Skin –** hives, itchy rash, swelling of the face or extremities	□ Epipen	□ Benadryl
• **Gut –** nausea, abdominal cramps, vomiting, diarrhea	□ Epipen	□ Benadryl
• **Throat –** itching, swelling, or tightening of throat, Hoarseness	□ Epipen	□ Benadryl
• **Lung –** shortness of breath, repetitive coughing, wheezing	□ Epipen	□ Benadryl
• **Heart -** thready pulse, fainting, lightheaded, pale, blueness	□ Epipen	□ Benadryl
• **Other _____**	□ Epipen	□ Benadryl
• **If reaction is progressing (or if 2 or more above areas are affected), give:**	□ Epipen	□ Benadryl

The severity of symptoms can quickly change. ***All above symptoms can potentially progress to a life threatening situation.***

DOSAGE:

Epinephrine: □ Epipen or □ Epipen Jr. □ Other _____Administer in the lateral thigh

Benadryl: give _____

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Emergency contacts:
   Contact 1: _____ Phone: _____
   Contact 2: _____ Phone: _____
3. Dr. _____ Phone: _____

WHEN IN DOUBT, GIVE EPINEPHRINE AND CALL 911!!

Parent/Guardian's Signature _____ Date _____

Prescribing Physician's Signature _____ Date _____
(**Parent signature not acceptable)**