



Laurel Public Schools
Emergency Care Plan for Bee Sting Allergy
 Page 1 of 2

Student: _____ Grade: _____ DOB: _____ Teacher: _____
 School: _____ School Year: _____
 Asthmatic: No _____ Yes _____ (increased risk for severe reaction) Severity of reaction(s): _____
 Parent/Guardian: _____ Phone: _____
 Parent/Guardian: _____ Phone: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH:** Itching & swelling of lips, tongue, or mouth
- **THROAT:** Itching, tightness in throat, hoarseness, cough
- **SKIN:** Hives, itchy rash, swelling of face and extremities
- **LUNGS:** Shortness of breath, repetitive cough, wheezing
- **STOMACH:** Nausea, abdominal cramping, vomiting, diarrhea
- **HEART:** Thready pulse, increased heart rate, loss of consciousness

TREATMENT	<ul style="list-style-type: none"> • Remove stinger if visible, apply ice to area • Rinse contact area with water 	<ul style="list-style-type: none"> • Call School Nurse • Call Parent/Guardian
Treatment should be initiated:	<input type="checkbox"/> With symptoms <input type="checkbox"/> Without waiting for symptoms	If Benadryl ordered, give _____ Benadryl per provider's orders
Epinephrine ordered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Epi: _____ Dose: _____

IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING AT THE SITE OF THE STING ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.

ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.

Transportation Plan: Medication available on bus _____
Medication NOT available on bus _____
Does not ride bus _____

Special Instructions:

- Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if parent, guardian, or emergency contact is not present and adequate supervision for other students is present.
- This plan is in effect for the current school year and summer school as needed. This form must be completed and signed by parent/guardian and physician on an annual basis.
- If student authorized by healthcare provider & guardian to self-carry and self-administer, please complete LPS Form: Montana Authorization to Carry and Self Administer Asthma/Allergy Medication.
- If the procedures as specified in M.C.A. 20-5-420, 20-5-421, and 27-1-714 are followed, the district shall have no liability as a result of any injury arising from the administration or self-administration of the epinephrine via a pre-filled auto-injector mechanism to the student and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student or from self-administration of the student, unless an act or omission is the result of gross negligence, willful and wanton conduct, or an intentional tort.

Preferred hospital if transported: _____

Healthcare Provider: _____ Date: _____ Phone: _____

Parent/Guardian Signature _____ Date: _____ Phone: _____