BEE and INSECT STING/BITE QUESTIONNAIRE

Date ______________

Check Site:  □Heritage Oak  □Laurel  □Encinal  □Oak Knoll  □Hillview

Student: ________________________________  Grade ______

Teacher: ________________________________

According to information you provided to school, your child has a reaction to bee or insect stings or bites. In order to better understand the condition and reaction(s), please complete this form and return it to the school office immediately.

How many times has your child been stung/bitten? __________

When was the last time your child was stung/bitten? ________________

What type of reaction(s) did your child have? Check all that apply.

  _____ Difficulty breathing
  _____ Red swelling in area of sting (local reaction)
  _____ Large area of swelling (for example, entire arm)
  _____ Rash on other part of body
  _____ Swelling of face
  _____ Itching all over body

Other: ________________________________

Was your child seen by a doctor for any reaction?  □Yes  □No

If medication was prescribed, list the name of the medication(s): ________________________________

Does your child need medication if stung/bitten?  □Yes  □No

Does your child need medication at school?  □Yes  □No  If yes, a Medication Authorization Form must be completed and returned to the school office with the medication. The Medication Authorization Form may be found on the district web site at district.mpcsd.org or in the school office.

  □ Epi-Pen  □ Benadryl  □ Other: ________________________________

Parent Signature ________________________________ Date ________________________________

Print Name ________________________________

Phone number (indicate home or cell) ________________________________