

BERMUDIAN SPRINGS SCHOOL DISTRICT

7335 Carlisle Pike
York Springs, PA 17372

EMERGENCY PROCEDURE INFORMATION

FOR BEE STINGS

Student's Name _____ Grade _____ Date _____

You have indicated on the Emergency Card that your child is allergic to bee stings. In order for school personnel to respond to this quickly and effectively, additional information is necessary. The information will be shared with those individuals that have a need to know.

Is a bee sting life threatening? Yes _____ No _____

Please circle the number(s) of only those symptoms that you have observed when your child has been stung:

1. Swelling/itching, limited to the immediate area around the sting.
2. Swelling/itching of a large area (e.g., if the foot is stung, the area up to the knee is affected, or if the hand is stung, the area up to the elbow is affected).
3. Generalized swelling, itching and/or rash (all over).
4. Coughing, difficulty breathing, hoarseness, wheezing.
5. Hives.
6. Heart Palpitations (heart beating hard and/or fast).
7. Dizziness, fainting.
8. Child has never been stung, but there is a family history of allergic reactions:
List family member _____.
9. Other _____.

Does your child require medication to be given immediately if they experience any of the above symptoms?

Yes _____ Benadryl Epi-Pen (Will require Anaphylaxis Management Plan to be completed)

The following procedure will be followed when dealing with a bee sting:

1. Provide first aid
 - a. remover stinger, if needed
 - b. apply "Sting Kill" product to area
 - c. apply ice to area
2. Observe child for at least 30 minutes.
3. Administer medications (ex: Benadryl/Epi-Pen) if indicated.
4. Call 911, if necessary.
5. Call parent/guardian.

Parent/Guardian Signature _____ Date _____