San Pasqual Union School

BEE STING MEDICATION

Date_____

Dear Parents or Guardians:

Because of the presence of bees in the area of our school, we want to be sure our students will be provided with medication if they should require it for bee stings. We ask your cooperation in completing the information below and returning it as soon as possible to the school office.

If your child requires medication in the case of a bee sting, it is important for you to contact the office immediately at (760) 745-4931.

Medication for bee stings is **not available** in the Health Office. **Medication must be provided by the parent and a permission slip completed and kept on file in the office for this medication to be administered.**

Thank you for your help.

Student's Name: _____ Grade: _____
Teacher's Name: _____ Room: _____

_____My child has never been stung.
_____My child has been stung, with the following reaction:

_____Normal reaction _____Breathing problem
_____Swelling _____Other (please explain)
_____
_____

Does your child require medication for bee stings? _____Yes ____No

If so, name of medication: _____

Please check below what we are to do in case your child is stung:
_____Administer medication presently at school
_____Contact parent or emergency number
_____If unable to contact parent, permission is granted to call paramedics. Please give us the name and phone number of your child's doctor.
Doctor: _____ Phone: _____
If your child does require medication, please bring the medication along with a signed permission slip (furnished by the school) to the school office <u>immediately.</u>

Parent/Guardian Signature **Date**