

CHAMBERSBURG AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES
BEE STING/INSECT BITE ALLERGY EMERGENCY CARE PLAN

Name_____

Grade_____

Dear Parent/Guardian:

You have identified your child as having an allergy or localized reaction to bee stings and/or insect bites. Please make sure that your child is aware of his/her allergy or reaction and the need to inform an adult if a bee sting or insect bite occurs. Check the status of your child's reaction to bee stings and/or insect bites below and return this information sheet to the school nurse **immediately**.

() My child is **allergic to bee stings**. He/she develops difficulty breathing, generalized swelling, numbness, and/or hives. Other symptoms:_____.

() My child is **allergic to insect bites**. He/she develops difficulty breathing, generalized swelling, numbness, and /or hives. Other symptoms:_____.

() My child develops a **localized reaction to a bee sting** (swelling or redness at the site of the sting).

() My child develops a **localized reaction to an insect bite** (swelling or redness at the site of the bite).

() My child receives desensitization treatments (allergy shots) to reduce his/her allergic reaction.

The following is **standard school procedure** for treatment of **any** bee sting or insect bite:

1. Remove the stinger if visible.
2. Apply ice.
3. Observe the student closely for 20 minutes and return to class if no signs of allergic reaction develop.
4. Notify the parent.

If your child has a bee sting or insect bite during school, please check the following procedure(s) you would like the school nurse to follow:

() Follow the standard school procedure as described above.

() Give medication as prescribed by my child's physician. Parents must provide the medication with the **written orders** from the child's physician **each** school year.

() Call 911 and have my child transported by ambulance to the hospital if signs of a severe allergic reaction develop.

Note: School policy **requires** that 911 be called if epinephrine is given.

Emergency contact information:

Parent/Guardian:_____

Emergency contact (if parents unavailable):_____

Parent/Guardian signature:_____

Date:_____