



Emergency Action Plan



BEE STING ALLERGY

Student: _____ Grade: ____ DOB: _____ ☐BASC ☐Car Rider ☐Bus # _____

Asthmatic: ☐ Yes ☐ No (increased risk for severe reaction)

ALLERGEN/S: _____

This form should be completed by a parent/guardian and returned to the school nurse **the first week of school attendance**. Accurate emergency contact information should be filed with school administration and updated when needed by the student's parent/guardian. If your child requires emergency medication on the school bus, please provide a second labeled dose of medication to be kept with the bus driver.

If medical issues arise related to significant health history Alexander County Schools staff will attempt to contact a parent/guardian by calling the phone numbers that have been provided by the student's parent/guardian. Otherwise and in case of an emergency 911 will be called.

SYMPTOMS/TREATMENT:

Remove stinger if visible, apply ice to area; rinse contact area with water.

Mild symptoms =

Flushing, several hives, rash on one part of the body, itching or redness of the skin.

For mild symptoms contact...

PARENT/GUARDIAN

For mild symptoms, give this medication...

_____ per provider's orders.

Medication Location: _____

Moderate/Severe symptoms =

Hives all over body, flushed face, paleness, blueness around the mouth and/or eyes, difficulty breathing, drooling, difficulty swallowing, dizziness, seizures, confusion, weakness, loss of consciousness

For moderate/severe symptoms contact...

911 and PARENT/GUARDIAN

For moderate/severe symptoms give this medication...

_____ per provider's orders.

If medication unavailable and student is in school building, call school first responder to administer generic epinephrine.

Medication Location: _____

Bus Transportation Plan: ☐ Medication available on Bus ☐ Medication **NOT** available on bus

Parent/Guardian Signature: _____

Date: _____

School Nurse Signature: _____

Date: _____

STAFF MEMBERS INSTRUCTED: ☐ Classroom Teacher(s) ☐ Special Area Teacher(s) ☐ Support Staff ☐ Transportation Staff